

**EMERGENCY MEDICAL SERVICES AUTHORITY**

10901 GOLD CENTER DR., SUITE 400  
RANCHO CORDOVA, CA 95670  
(916) 322-4336 FAX (916) 322-1441



February 18, 2020

Mr. Jeff Fariss, EMS Program Manager  
Kern County EMS Agency  
1800 Mount Vernon Avenue  
Bakersfield, CA 93306

Dear Mr. Fariss:

This letter is in response to Kern County's 2019 EMS Plan submission to the EMS Authority on December 11, 2019.

**I. Introduction and Summary:**

The EMS Authority has concluded its review of Kern County's 2019 EMS Plan and is approving the plan.

**II. History and Background:**

Kern County received its last plan approval for its 2018 plan submission.

Historically, we have received EMS Plan submissions from Kern County for the following years:

- 1994
- 1999
- 2003
- 2006
- 2012
- 2015
- 2018

Health and Safety Code (HSC) § 1797.254 states:

*"Local EMS agencies shall **annually** (emphasis added) submit an emergency medical services plan for the EMS area to the authority, according to EMS Systems, Standards, and Guidelines established by the authority".*

The EMS Authority is responsible for the review of EMS Plans and for making a determination on the approval or disapproval of the plan, based on compliance with statute, regulations, and case law, consistent with HSC § 1797.105(b).

### III. Analysis of EMS System Components:

Following are comments related to Kern County's 2019 EMS Plan. Areas that indicate the plan submitted is concordant and consistent with applicable laws, regulations, case law, and the EMS system components identified in HSC § 1797.103, are indicated below:

- |                                        | Not                      |                                           |
|----------------------------------------|--------------------------|-------------------------------------------|
| Approved                               | Approved                 |                                           |
| A. <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>System Organization and Management</u> |
| B. <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Staffing/Training</u>                  |
| C. <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Communications</u>                     |
| D. <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Response/Transportation</u>            |

#### Ambulance Zones

Based on the documentation provided, please find enclosed the ground exclusive operating areas status, as compiled by the EMS Authority.

- |                                        |                          |                                          |
|----------------------------------------|--------------------------|------------------------------------------|
| E. <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Facilities/Critical Care</u>          |
| F. <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Data Collection/System Evaluation</u> |
| G. <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Public Information and Education</u>  |
| H. <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Disaster Medical Response</u>         |

### IV. Conclusion:

Based on the information identified, Kern County's 2019 EMS Plan is approved.

Pursuant to HSC § 1797.105(b):

*"After the applicable guidelines or regulations are established by the Authority, a local EMS agency may implement a local plan...unless the Authority determines that the plan does not effectively meet the needs of the persons served and is not consistent with the coordinating activities in the geographical area served, or that the plan is not concordant and*

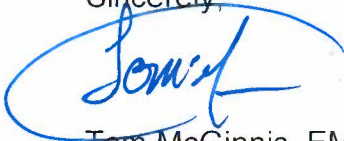
Mr. Jeff Fariss, EMS Administrator  
February 18, 2020  
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*consistent with applicable guidelines or regulations, or both the guidelines and regulations established by the Authority."*

**V. Next Steps:**

Kern County's next EMS Plan will be due on or before February 13, 2021. If you have any questions regarding the plan review, please contact Ms. Lisa Galindo, EMS Plans Coordinator, at (916) 431-3688.

Sincerely,



Tom McGinnis, EMT-P  
Chief, EMS Systems Division

Enclosure

Approved

[illegible]





KERN COUNTY  
Public Health Services  
DEPARTMENT

**MATTHEW CONSTANTINE**  
DIRECTOR

1800 MT. VERNON AVENUE

BAKERSFIELD, CALIFORNIA, 93306-3302

661-321-3000

WWW.KERNPUBLICHEALTH.COM

November 30, 2019

Dr. Dave Duncan, MD  
Director, California EMS Authority  
10901 Gold Center Drive, Suite 400  
Rancho Cordova, CA 95670

#### KERN COUNTY EMS PLAN SUBMISSION

Dear Dr. Duncan:

In accordance with Section 1797.254 of the Health and Safety Code, please find enclosed Kern County EMS Program's EMS Plan Update for 2019. Included in this plan you will find copies of our STEMI Policy Update, Stroke Policy Update, Pediatric Receiving Center Policy Update, Trauma System Update and our Paramedic First Responder Policy for your review.

If you have any questions or if you need additional information, please feel free to contact me at (661) 868-5216 or by email at [farissj@kerncounty.com](mailto:farissj@kerncounty.com).

Sincerely,

Jeff Fariss

Digitally signed by Jeff Fariss  
DN: cn=Jeff Fariss, o=Kern County Public  
Health, ou=Emergency Medical Services,  
email=farissj@kerncounty.com, c=US  
Date: 2019.12.11 09:46:40 -0800

Jeff Fariss  
EMS Program Manager

November 30, 2019

### **2019 EMS Plan Update – Kern County**

Kern County EMS is pleased to present the 2019 EMS Plan Update. The purpose of this notice is to provide a summary of the contents of the EMS Plan Update and highlight some of the work the Program has completed and is working toward for the future.

2019 has been an exciting year that has brought many developments to our system. One such development was the creation of a system for the use of the discretionary portion of the Maddy Fund. EMS developed a request form that can be filled out and submitted from our website for requesting a piece of equipment, service or software that would tentatively improve the county EMS system. These requests are researched by EMS staff and a report that includes a recommendation is presented at the next EMCAB meeting.

From May 8th through May 13th, Kern County hosted the largest event in recent history in the Lightning in a Bottle Festival. This is a large music festival that attracts people from all over the United States as well as multiple countries. EMS Staff Members George Baker and Nick Lidgett were assigned to prepare EMS for this event. Together, they developed a comprehensive operations plan for this huge event that was shared with Kern County Fire, Sheriff, Behavioral Health, as well as our local ambulance services. EMS staff were present at the event 24hrs per day throughout to provide centralized dispatch of ambulances, ensure that the event promoters' medical plan was executed appropriately, to manage large scale incidents that might have occurred and assured the timely requisition of additional resources in the event they were needed. This was an extremely important event for Kern County and it was our goal to make sure that it was successful and had as little impact on our system as possible. As a result of our planning and participation in this event we saw only 6 ambulance transports, 5 AMA's, and 3 5150's during this huge event.

At approximately 10:33am, on July 4th, 2019, a 6.4 magnitude earthquake struck the desert outside of Ridgecrest. The EMS Department Operations Center was immediately activated and EMS staff responded and began disaster operations. The county wide Emergency Operations Center was activated very shortly thereafter and together we began the processes of managing the disaster.

EMS' role in managing this disaster included supporting the establishment of a shelter, ordering the transportation of supplies and nurses to respond to and man the shelter, contacting Public Health Nursing to begin the process of recruiting nurses to staff the shelter for an undetermined timeframe, contacting behavioral health and requesting CISM teams respond to provide psychiatric first aid and sending situational reports to the region preparing other areas in case we needed outside assistance. Additionally, The Kern Medical Reserve Corps were polled for volunteer availability. We received 137

responses of which 54 members indicated they were available and ready to respond. 4 registered nurses, 1 EMT, 1 Paramedic and 1 Physicians assistant were deployed and staffed the Kerr McGee Shelter for a total of 96 hours.

Shortly after the large temblor hit, Ridgecrest Regional Hospital notified us that they were evacuating the facility and requested an ambulance strike team. Hall Ambulance service was immediately contacted and provided 7 ambulances, the Disaster Medical Support Unit and one supervisor unit. These resources responded to Ridgecrest Regional Hospital and successfully evacuated 23 patients to other facilities.

At approximately 8:19pm on July, 5th, 2019, a 7.1 magnitude earthquake struck the Ridgecrest area again. For the second time in 36 hours, the EMS Department Operations Center and the countywide Emergency Operations Centers were activated.

During these two events the 911 call volume in the Ridgecrest area increased by 300%. Liberty ambulance did an outstanding job in managing the call volume over this period. On July 6th, a resource request was made by Ridgecrest Regional Hospital for a second ambulance strike team to respond to the Ridgecrest area in order to provide a break for the Liberty ambulance crews allowing them to get some, much needed, sleep and help relieve first responder fatigue.

The Kern County Fire Department responded to hundreds of calls for gas leaks, fires and assisted in the evacuation of Ridgecrest hospital on July 4th and continued to provide support for the community throughout the event. The Kern County Fire Department Operations Center that was activated on sight in Ridgecrest, was pivotal in assisting EMS in the communication with the hospital command center and vital in the organization of the evacuation.

From July 4th to July 7th, EMS staff manned both the Department Operations Center and the Emergency Operations Center 24 hours per day monitoring and providing resources as requested throughout the system. It should be noted that this is the second large scale disaster that Kern County EMS in conjunction with Kern County Fire, Hall Ambulance, Liberty ambulance as well as other county departments, has managed without needing to reach outside of our county for assistance.

I am very proud of my staff for the outstanding work they performed over these days in July, for their dedication to their work and to the county they service.

EMS is currently in the process of building a Duty Officer Response Vehicle that will act as a mobile command post allowing for response to incidents such as the Ridgecrest earth quakes providing eyes on scene for the MHOAC and thus allowing for a more accurate evaluation and response by EMS.



On October 9<sup>th</sup>, 2019, the Request for Proposal for Exclusive Operating Areas 1, 7 and 11 was presented to the public and distributed throughout the state. The RFP remained open for 45 days and we are expecting to complete the process and have new contracts signed by April of 2020.

On October 22<sup>nd</sup>, Kern County Public Health, Emergency Medical Services hosted the first of its kind, Mental Health Symposium focusing on overcoming PTSD for first responders. Featured speakers included San Diego Firefighter/Paramedic Ben Vernon, California National Guard Behavioral Health Officer Captain Danial Burns and licensed clinical social worker and division president for Aspire Behavioral Health Courtney S. Rayne. The over 300 attendees included 1<sup>st</sup> responders from Fire, Ambulance and Law enforcement were provided resources and began the discussion that hopefully will lead to a change in the culture of silence equaling strength. More than 20 1<sup>st</sup> responders reached out for assistance from the Kern Behavioral Health CISM team that was present and over 60 individuals have requested assistance in the weeks following the event.

EMS continues its efforts to teach the community hands only CPR, AED, and Stop the Bleed training. In 2019 so far, we have provided hands only cpr and stop the bleed training to hundreds of county employees, teachers and the general public.

EMS continues focusing our attention on Identifying trends and opportunities to improve the health and safety of the community. In 2019 we are implementing an Inappropriate 911 User Policy that should help cut down the number of repeated unnecessary transports.

First response is provided predominately through three (3) fire departments, and on limited availability the Sheriff's Office. Bakersfield City Fire Department provides primarily BLS first response with one ALS response engine. Kern County Fire Department provides BLS services, maintains station in the Pine Mountain Club and one station in Buttonwillow that provide ALS level service. In addition, Kern County Fire has an ALS squad that they staff intermittently for training purposes. California City Fire Department provides ALS first responder services. All three fire departments also operate Fireline Paramedic programs. Kern County Fire Department provides an ALS as well as BLS rescue helicopter services and Kern County Sheriff's Office provides BLS rescue helicopter services. The Sheriff's Office also provides BLS services as part of Search and Rescue teams, training division, and SWAT team operations.

Kern has ten (10) general acute care hospitals that provide basic or stand-by emergency services. The following is a summary of the hospitals providing services pertaining to the EMS system:

Adventist Health Hospital – Bakersfield

- Basic Emergency Services
- Base Hospital
- STEMI Receiving Center

**Date 10/00/2019**

**EMS Plan Update**

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- Primary Stroke Center
- Level III Pediatric Receiving Center
- Case specific: cardiac, obstetrical, orthopedic, sexual assault

**Adventist Health Hospital – Tehachapi**

- Basic Emergency Services
- EMS Receiving Hospital

**Mercy Hospital – Bakersfield**

- Basic Emergency Services
- Base Hospital
- Primary Stroke Center
- Case specific: orthopedic

**Mercy Southwest Hospital – Bakersfield**

- Basic Emergency Services
- Base Hospital
- Primary Stroke Center
- Case specific: obstetrical, orthopedic

**Bakersfield Memorial Hospital – Bakersfield**

- Basic Emergency Services
- Base Hospital
- Burn Receiving Center
- STEMI Receiving Center
- Primary Stroke Center
- Level II Pediatric Receiving Center
- Case specific: cardiac, obstetrical, orthopedic

**Kern Medical – Bakersfield**

- Basic Emergency Services
- Base Hospital
- Level II Trauma Center
- Primary Stroke Center
- Level II Pediatric Receiving Center
- Case specific: obstetrical, orthopedic

**Bakersfield Heart Hospital – Bakersfield**

- Basic Emergency Services



- Base Hospital
- STEMI Receiving Center
- Case specific: cardiac

**Delano Regional Medical Center – Delano**

- Basic Emergency Services
- Base Hospital
- Level IV Pediatric Receiving Center

**Kern Valley Healthcare District – Mountain Mesa (Lake Isabella)**

- Stand-by Emergency Services
- EMS Receiving Hospital

**Ridgecrest Regional Hospital – Ridgecrest**

- Basic Emergency Services
- Base Hospital
- Level IV Trauma Center
- Level III Pediatric Receiving Center

Sincerely,

Jeff Fariss  
EMS Program Manager



KERN COUNTY  
**Public Health Services**  
DEPARTMENT

**MATTHEW CONSTANTINE**  
DIRECTOR

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The following document is the Kern County Paramedic First Responder Policy. The Kern County EMS Agency believes that this policy satisfies California Code of Regulations, Title 22, Division 9, Article 7, Sections 100168, Paramedic Service Provider. This policy sets the parameters for the operation of a paramedic service provider for our first response entities. They must comply with this policy in order to maintain their Paramedic Service Provider status. Any violation of this policy will result in the suspension of the providers approval to operate as a Paramedic Service Provider.



## Emergency Medical Services Division Policies – Procedures – Protocols

### ***Paramedic First Responder Policies and Procedures- (6004.00)***

#### **PURPOSE:**

The primary purpose of the Paramedic-FR Program is to provide expedient ALS response and care prior to transport unit scene arrival at emergency medical calls and/or to provide support for a transport unit already at scene which may require additional emergency medical personnel, equipment, supply; or resources for medical operations, communication and patient care. Additionally, the Paramedic-FR Program is intended to provide closest ALS response when the Paramedic-FR unit is closest or can provide the shortest response to an EMS call and immediate ALS access and care to patients in areas inaccessible to an ambulance.

#### **AUTHORITY:**

This policy is administered under the authority of Health and Safety Code Sections 1797.107, 1797.172, 1797.173, 1798, and California Code of Regulations, Title 22, Division 9, Chapter 4, Sections 100145.

#### **I. GENERAL PROVISIONS**

- A. The Paramedic First Responder Program is an optional prehospital advanced life support program administered by the Kern County EMS Division (Division) through Division authorized Kern County Paramedic First Responder (Paramedic-FR) Providers. The program functions in accordance with state and county Paramedic rules, regulations, policies, procedures, protocols and operates under medical control and authority of the Division Medical Director.
- B. A Kern County EMS Division authorized Paramedic First Responder Provider is limited to prehospital first responder BLS and ALS patient care and shall not provide patient transport services within the County of Kern. EMT-1 or Paramedic level transportation services shall only be provided by a Kern County Ambulance Service Permittee in accordance with Kern County Ordinance Code 8.12. and Ordinance Code 8.12. Regulations and Policies.
- C. The Paramedic-FR Program entails utilization of specially equipped and trained Paramedic(s) in the first responder, non-transport patient care capacity with valid state Paramedic licensure and local Paramedic accreditation. The Paramedic-FR operates from an emergency response vehicle that is not to be used for patient transport.

- D. The Paramedic-FR vehicle shall have and maintain valid emergency vehicle authorization from the California Highway Patrol and valid Paramedic-FR MICU authorization from the Division. The Paramedic-FR MICU shall only be operated in a Paramedic-FR capacity when staffed by a minimum of one (1) Paramedic that meets Paramedic-FR qualification and training requirements as specified in these policies.
- E. Use of Paramedic-FR shall not be construed, interpreted or allowed to replace or modify in any way transportation resources maintained by a Kern County Paramedic Provider or a Kern County Ambulance Service Permittee. The Paramedic-FR program shall be operated as an adjunct to the Kern County EMS System and not to replace or supplant any existing level of services.

## **II. PARAMEDIC FIRST RESPONDER SCOPE OF PRACTICE**

- A. The Paramedic-FR is authorized to provide prehospital Advanced Life Support within the scope of practice allowed by the State of California and the Division according to these policies and procedures.
- B. The Paramedic-FR is authorized to provide prehospital advanced life support skills and procedures according to Paramedic treatment protocols authorized by the Division Medical Director. This authorization shall be commensurate with the Paramedic-FR MICU advanced life support supplies and equipment inventory specified in these policies and specially refined for Paramedic-FR function.
- C. The Paramedic-FR shall comply with all Kern County Paramedic rules, regulations, policies, procedures and protocols at all times.
- D. The Paramedic-FR shall coordinate appropriate planning, notification, response, communications and utilization of local EMS resources.

## **III. PARAMEDIC FIRST RESPONDER PROVIDER**

- A. Valid Kern County EMS Division authorization as a Paramedic-FR Provider shall be required for a provider to operate the Paramedic-FR Program.
- B. Paramedic-FR Provider authorization shall immediately be terminated if the provider is unable to provide personnel meeting the requirements of these policies or the program is terminated.
- C. A provider wishing to be authorized as a Paramedic-FR Provider shall provide a written application to the Division. The written application shall include a thorough description of unit(s), Paramedic-FR personnel qualifications and



training, staffing, and availability with commitment to comply with Paramedic-FR policies and procedures.

D. To be eligible for Paramedic-FR Provider authorization all of the following minimum requirements shall be met:

1. Be an existing EMT-1 First Responder Provider within Kern County authorized by the Division;
2. Have a Medical Director responsible for all controlled substances and Quality Improvement.
3. Have and maintain a Paramedic-FR training program which complies with the provisions of these policies and procedures;
4. Have and maintain at least one (1) Paramedic-FR MICU authorized by the Division;
5. Have and maintain a quality improvement mechanism for the Paramedic-FR program to ensure proper utilization and quality of care; and
6. Have and maintain records, reports and Paramedic-FR activity data according to these policies.

E. An authorized Paramedic-FR Provider shall ensure the Paramedic-FR program is continually operated according to these policies and procedures. The Division may terminate Paramedic-FR Provider authorization for non-compliance to these policies and procedures.

#### **IV. PARAMEDIC FIRST RESPONDER QUALIFICATIONS, ACCREDITATION AND TRAINING**

A. The Paramedic-FR shall have and maintain active Kern County Paramedic accreditation.

B. A Paramedic-FR shall receive a minimum of four (4) hours training in Paramedic-FR policies and procedures, Paramedic-FR scope of practice, and the EMS system before being authorized to operate in a Paramedic-FR capacity. The training shall only be provided by Division authorized instructors. Paramedic-FR training shall at minimum include a thorough briefing in Paramedic-FR policies and procedures, orientation in communications systems, Scene Control Policy, EMS resource utilization, ambulance service operating areas and prehospital care capability, dispatch and stand-by procedures, EMS aircraft utilization, multi-casualty incident and Med-Alert operations.



- C. The Paramedic-FR Provider shall maintain records of Paramedic personnel that have completed Paramedic-FR training and are authorized to operate in a Paramedic-FR capacity and shall maintain an active listing on file at the Division.
- D. The Division may withdraw Paramedic-FR authorization at any time for non-compliance with policies and procedures. The Division may also establish re-authorization training requirements or mandatory Paramedic-FR education sessions.
- E. Paramedic-FR programs shall maintain sufficient Paramedic Preceptors to train new paramedics and ensure skills maintenance of existing Paramedics
- F. Paramedic FR Preceptor candidates shall participate in the Division Preceptor program to obtain and maintain Preceptor accreditation.

## **V. PARAMEDIC FIRST RESPONDER ACTIVATION AND RESPONSE**

- A. The Paramedic-FR Provider shall ensure appropriate staffing, deployment, and utilization of all Paramedic-FR units.
- B. The Paramedic-FR unit may be used in either a first responder capacity (prior to ALS transport arrival) or in a backup or support capacity when requested by on-scene medical, fire or law enforcement personnel.
- C. Non-emergent activity, movement and positioning of Paramedic-FR unit(s) shall be at the discretion of the Paramedic-FR Provider within their jurisdiction.
- D. The Paramedic-FR unit shall be responded to medical emergencies by the Paramedic FR-Provider dispatch center in accordance with the *Emergency Medical Services Dispatch Policies and Procedures*.

## **VI. PARAMEDIC FIRST RESPONDER SCENE OPERATIONS**

- A. First Responder Capacity:
  - 1. First responder capacity means the Paramedic-FR unit is the first medical unit or first ALS level unit arriving at scene.
  - 2. In a first responder capacity, the Paramedic-FR is expected to assume patient health care authority. Upon arrival of an ALS ambulance, the Paramedic FR shall provide a verbal report and patient care authority shall

automatically transition with transfer of care to the transport paramedic, as required by the Division *Scene Control Policy*.

3. The Paramedic-FR is expected to establish medical control, complete scene and patient assessment and initiate BLS/ALS patient treatment intervention according to Kern County Paramedic Policies and Procedures and Kern County Paramedic Treatment Protocols as the patient condition necessitates. The Paramedic-FR is expected to initially bring necessary medical equipment and supplies to the patient for appropriate overall patient care management (avoid making patient contact, then leaving for equipment).
4. The normal focus of the Paramedic-FR program is to provide immediate care until an ALS ambulance arrives, transfer of patient care responsibility occurs, and the Paramedic-FR rapidly becomes available for additional responses or use. In certain cases warranting specialized personal protective equipment precautions and training (hazardous materials, heavy rescue or tactical operations) the Paramedic-FR transition of care responsibility to the ALS ambulance Paramedic may be delayed until the ALS ambulance Paramedic is able to safely access the patient.
5. The Paramedic-FR shall provide a verbal report to the ALS ambulance Paramedic upon arrival which includes the following patient information at minimum:
  - a. Chief complaint(s) and/or problem(s);
  - b. Signs and symptoms;
  - c. Vital signs;
  - d. Patient history; and
  - e. BLS, ALS treatment provided and patient response to treatment.
6. If a BLS ambulance arrives at scene and ALS patient care procedures are indicated, initiated or carried out, the Paramedic-FR must bring necessary equipment and supplies from the Paramedic-FR unit to manage the patient and attend the patient during transport to an ALS ambulance or the hospital. ALS to BLS Handoff shall only occur as specified in the paramedic protocol.
7. During a multi-casualty or mass casualty incident, the Paramedic-FR may use a BLS ambulance for patient transport when ALS procedures have been initiated, if an ALS ambulance is not reasonably available, or the patient(s) require rapid transport and the situation clearly indicates that the

Paramedic-FR remain at scene to administer ALS level care to additional patients.

**B. Paramedic-FR Backup or Support Capacity:**

1. Paramedic-FR backup or support capacity means that an ALS ambulance Paramedic is already on scene and the Paramedic-FR arrives on scene as an additional ALS level resource. In this situation the Paramedic-FR is to assist and at the discretion of the ALS ambulance Paramedic or incident commander.

**VII. EMS RESOURCE UTILIZATION**

- A. The Paramedic-FR shall be responsible for prudent notification, response and efficient utilization of all EMS resources in conjunction with the Scene Control Policy. During Med-Alert operations, the Paramedic-FR shall coordinate incident communications and resource utilization through the Kern County EMS Division.

**VIII. DOCUMENTATION AND QUALITY ASSURANCE**

- A. The Paramedic-FR shall complete a Kern County Patient Care (PCR) Data and Narrative Record in accordance with Kern County PCR Policies and Procedures for every public agency or 911 response (with or without patient contact) and for each individual patient contact. Completed PCR's shall be referred to the Division in accordance with Kern County PCR Policies and Procedures.
- B. For each case of patient transport, a copy of the ePCR shall be sent by facsimile or electronic means to the receiving hospital within one (1) hour of the start of patient transport. Emergency activity may reasonably preclude meeting the one (1) hour time requirement, but in no case shall the ePCR submission to the receiving hospital exceed twelve (12) hours.
- C. The Paramedic-FR provider shall provide Paramedic-FR incident reports, documentation, data or Paramedic-FR program evaluations to the Division upon request.
- D. The Division shall be notified in advance of any anticipated changes in Paramedic-FR unit(s), Paramedic-FR utilization, Paramedic-FR personnel or function of the Paramedic-FR program and shall monitor the program for operational and medical quality assurance.



- E. The Paramedic-FR provider shall allow Division personnel to ride-a-long for the purpose of direct observation of FR operations.

#### **IX. REQUIRED PARAMEDIC FIRST RESPONDER MICU EQUIPMENT AND SUPPLIES**

- A. The Paramedic-FR and Paramedic-FR Provider shall be responsible to maintain a complete inventory of required Paramedic-FR MICU equipment and supplies (Paramedic-FR MICU Inventory) as specified in the *Provider Mandatory Inventory List*.
- B. A Paramedic-FR unit shall be inspected and designated by the Division as an Paramedic-FR MICU prior to use in an Paramedic-FR capacity. In order to be designated as a Paramedic-FR MICU, the unit shall meet all Paramedic-FR MICU inventory requirements and pass Division inspection.
- C. The Paramedic-FR MICU Inventory should be configured in the Paramedic-FR unit for efficient removal and transport to the patient or incident site.
- D. The Paramedic-FR and Paramedic-FR Provider shall be responsible for the care and maintenance of all Paramedic-FR MICU inventory. Paramedic-FR unit(s) MICU inventory shall also be subject to inspection by the Division. The Paramedic-FR Provider may obtain temporary authorization from the Division to operate another emergency vehicle in a Paramedic-FR MICU capacity.
- E. The following information shall be provided by the Paramedic-FR provider for Paramedic-FR MICU inspection by the Division:
  - 1. Vehicle make, model, year;
  - 2. Vehicle license number (if not available because of new vehicle - vehicle identification number will suffice);
  - 3. Vehicle identification number;
  - 4. Valid vehicle registration;
  - 5. Valid vehicle insurance documentation, name of carrier and policy number;
  - 6. Unit call sign.

PARAMEDIC-FR MOBILE INTENSIVE CARE UNIT  
INSPECTION RECORD

INSPECTION DATE:    /    /

APPROVED PARAMEDIC-FR PROVIDER:

YES ☐ NO ☐

PARAMEDIC-FR PROVIDER SERVICE:

NAME OF OWNER(S):

SERVICE AREA:

PRIMARY ADDRESS:

CITY:

ZIP CODE:

PHONE (    )    -   

UNIT DESIGNATION: \_\_\_\_\_ MODEL: \_\_\_\_\_

YEAR: \_\_\_\_\_ LICENSE NUMBER: \_\_\_\_\_

V.I.N.: \_\_\_\_\_

CURRENT VEHICLE REGISTRATION (ATTACH COPY):

YES ☐ NO ☐

CURRENT VEHICLE INSURANCE (ATTACH COPY):

YES ☐ NO ☐

NAME OF CARRIER: \_\_\_\_\_ POLICY #: \_\_\_\_\_

CURRENT CALIFORNIA HIGHWAY PATROL INSPECTION  
CERTIFICATE AND/OR APPROVED INSPECTION SHEET  
(ATTACH COPY)

YES ☐ NO ☐

CURRENT MICU MEDICAL SUPPLY AND EQUIPMENT

YES ☐ NO ☐

REQUIREMENTS SATISFIED (COPY ATTACHED)

YES ☐ NO ☐

ALL PRECEDING REQUIREMENTS SATISFIED:  
SUMMARY OF DISCREPANCY(IES):

YES ☐ NO ☐

CONCLUSION:

EMS DIVISION REPRESENTATIVE NAME:

EMS DIVISION REPRESENTATIVE SIGNATURE:

DATE APPROVED:    /    /



Revision Log:

08/03/1999 – Initial Draft

09/15/1999 – Second Draft

10/20/1999 – Finalized

11/15/2001 – Addition of transcutaneous cardiac pacing, midazolam, and inventory adjustments

07/15/2004 - Increase minimum stock of midazolam to 12.0 mg

06/01/2010 – Added Amiodarone, MAD, ET confirmation, and ET securing device to inventory

10/01/2013 – Removed medication Furosemide from inventory and updated cover

08/15/2014 – Added Atrovent, Zofran, Fentanyl, oral glucose, multi-trauma dressing, petroleum gauze, shears, pulse oximetry. Remove pitocin, procainamide, electrode jell. Changed normal saline to isotonic balanced salt solution, pacing electrodes to multi-function pads. Removed outdated dispatch language, remove ICS position mandates. Added reference to *Emergency Medical Services Dispatch Policies and Procedures*, and *Scene Control Policy*

12/01/2015 - Removed the Mandatory Inventory List and placed in separate document

4/18/2018 – Removed California City from document. Added Division ride-a-long mandate, changed “may” to “shall” in dispatch statement.

8/1/2018 – All three ALS First Responder policies merged into one document.

**MEMORANDUM OF UNDERSTANDING**

KERN COUNTY EMERGENCY MEDICAL SERVICES DEPARTMENT

and

KERN COUNTY FIRE DEPARTMENT

for

PARAMEDIC FIRST RESPONDER SERVICES BASED AT PINE MOUNTAIN CLUB

THIS MEMORANDUM OF UNDERSTANDING ("MOU") is made and entered into this 1<sup>th</sup> day of Feb., 2009, by and between the KERN COUNTY EMERGENCY MEDICAL SERVICES DEPARTMENT (hereinafter referred to as "KCEMS"), and KERN COUNTY FIRE DEPARTMENT (hereinafter referred to as "KCFD"), both of which are departments of the COUNTY OF KERN, a political subdivision of the state of California.

**WITNESSETH:**

WHEREAS, KCEMS, located at 1400 "H" Street, Bakersfield, California 93301, and KCFD, located at 5642 Victor Street, Bakersfield, California 93308, are functional entities of the County of Kern (hereinafter referred to as "County") and both organizations are under the direct control of the Board of Supervisors (hereinafter referred to as "BOS"); and

WHEREAS, KCEMS is the designated local EMS agency (LEMSA) pursuant to California Health and Safety Code Section 1797.200 and Ordinance Code Chapter 2.23; and

WHEREAS, KCEMS is the responsible authority for managing the local emergency medical services system in accordance with the requirements of the California Health and Safety Code, California Code of Regulations Title 22, County Ordinance Code, and local regulations, policies, procedures, protocols, and other requirements; subject to direction from the BOS; and

WHEREAS, on November 7, 2008 property owners in the Pine Mountain Club area of the County approved by a super majority a special assessment on area property taxes to fund paramedic first responder services to be provided by KCFD; and

WHEREAS, KCFD has received BOS approval to implement and maintain paramedic first responder services based in Pine Mountain Club; and

WHEREAS, KCEMS and KCFD are required to have a written agreement in accordance with California Code of Regulations, Title 22, Article 7., Section 100167 (b) (4) entitled "Paramedic Service Provider" attached hereto and a part of herewith, for KCFD to participate in the EMS system, and to comply with all applicable State regulations and local policies and procedures, including participation in the KCEMS quality improvement program; and

WHEREAS, KCEMS and KCFD have developed "Paramedic First Responder Policies and Procedures - Kern County Fire Department Station 58 Pine Mountain Club" (hereinafter referred to as "Paramedic FR Policies"). Said policies define the detailed requirements for implementation, approval, operation, quality improvement oversight and other requirements for the paramedic first responder services provided by KCFD based in Pine Mountain Club.

NOW, THEREFORE, IT IS MUTUALLY AGREED AS FOLLOWS:

1. KCFD is approved by KCEMS as a paramedic first responder provider based at KCFD Station 58 in Pine Mountain Club in accordance with the terms and conditions of this MOU and Paramedic FR Policies.
2. KCEMS shall provide medical control oversight of the program through the KCEMS medical director.
3. KCFD may not expand paramedic first responder services beyond usual and customary responses to emergency medical services incidents by KCFD Station 58 in Pine Mountain Club, unless BOS authorized in coordination with KCEMS.

4. KCFD shall coordinate any expansion of paramedic first responder services to emergency medical services incidents in Pine Mountain Club with the KCEMS, prior to any such expansion.
5. KCEMS and KCFD shall comply with the requirements contained in the California Health and Safety Code, California Code of Regulations Title 22, Paramedic FR Policies and other local requirements to implement, operate and maintain the paramedic first responder services based at KCFD Station 58 in Pine Mountain Club.
6. Funding will be provided to KCEMS under CSA-40 to cover all costs to administer, authorize, oversee, and improve the paramedic first responder services based at KCFD Station 58 in Pine Mountain Club.
7. KCEMS shall report all costs to administer, authorize, oversee, and improve the paramedic first responder services based at KCFD Station 58 in Pine Mountain Club to KCFD, on a quarterly basis.
8. The term of this MOU shall commence upon execution and shall continue in effect until terminated by BOS. However, this MOU shall terminate immediately upon:
  - a. KCFD's non-compliance with the requirements of Paramedic FR Policies, as determined by BOS after hearing the recommendation of KCEMS; or
  - b. Withdrawal of funding necessary to implement, administer, operate or maintain the paramedic first responder program; or
  - c. Any changes to State law or local requirements that materially change continued paramedic first responder services provided through the KCFD, whereby the purpose of this MOU is overridden or rendered invalid; or
  - d. Upon direction to terminate this MOU from the BOS.
9. Nonassignment of MOU. KCFD shall not assign or transfer this MOU or any interest in it without the prior written consent of KCEMS, and if any assignment is approved, all provisions of this MOU shall extend to and include the successors of KCFD.
10. Notices. Any notice given by either party to the other under this MOU shall be in writing, served by prepaid certified mail or personally upon the other party, addressed as follows:

To KCEMS: (with copy to CAO)	Director Kern County EMS Department 1400 "H" Street Bakersfield, CA 93301
To KCFD:	Fire Chief Kern County Fire Department 5642 Victor Street Bakersfield, CA 93308
11. Nondiscrimination. Both parties agree to abide by all applicable federal and state laws prohibiting discrimination against any employee, applicant for employment, or patient because of race, color, religion, sex, age, handicap or place of national origin.
12. Partial Invalidity. If any provision in this MOU is held by a court of competent jurisdiction to be invalid, void or unenforceable, the remaining provisions shall nevertheless continue in full force without being impaired or invalidated in any way.
13. Amendments. Any modification of this MOU shall be effective only if it is in writing and signed by the parties.

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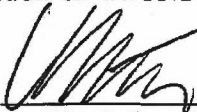
IN WITNESS WHEREOF, the parties have entered into this MOU as of the date first hereinabove written.

KCEMS:  
EMERGENCY MEDICAL SERVICES DEPARTMENT

By   
Ross Elliott, Director

Date 2/9/09

APPROVED AS TO FORM:  
OFFICE OF COUNTY COUNSEL

By   
Martin Lee, Deputy

ACKNOWLEDGED BY:  
COUNTY OF KERN

By   
Chairman, Board of Supervisors

KCFD:  
FIRE DEPARTMENT

By   
Dennis Thompson, Fire Chief

Date 2/4/2009

~~APPROVED AS TO FORM:  
OFFICE OF COUNTY COUNSEL~~

~~By \_\_\_\_\_  
Patricia Randolph, Deputy~~

## **California Code of Regulations (excerpt):**

### **CCR Title 22 Article 7. System Requirements**

#### **100167. Paramedic Service Provider.**

(a) A local EMS agency with an advanced life support system shall establish policies and procedures for the approval, designation, and evaluation through its QIP, of all paramedic service provider(s).

(b) An approved paramedic service provider shall:

(1) Provide emergency medical service response on a continuous twenty-four hours per day basis, unless otherwise specified by the local EMS agency, in which case there shall be adequate justification for the exemption (e.g., lifeguards, ski patrol personnel, etc.).

(2) Utilize and maintain telecommunications as specified by the local EMS agency.

(3) Maintain a drug and solution inventory as specified by the local EMS agency of equipment and supplies commensurate with the basic and local optional scope of practice of the paramedic.

(4) Have a written agreement with the local EMS agency to participate in the EMS system and to comply with all applicable State regulations and local policies and procedures, including participation in the local EMS agency's QIP as specified in Chapter 12 of this Division.

(5) Be responsible for assessing the current knowledge of their paramedics in local policies, procedures, and protocols and for assessing their paramedics' skills competency.

(6) If, through the QIP the employer or medical director of the local EMS agency determines that a paramedic needs additional training, observation or testing, the employer and the medical director may create a specific and targeted program of remediation based upon the identified need of the paramedic. If there is disagreement between the employer and the medical director, the decision of the medical director shall prevail.

(c) No paramedic service provider shall advertise itself as providing paramedic services unless it does, in fact, routinely provide these services on a continuous twenty-four hours per day basis and meets the requirements of subsection (b) of this section.

(d) No responding unit shall advertise itself as providing paramedic services unless it does, in fact, provide these services and meets the requirements of subsection (a) of this section.

(e) The local EMS agency may deny, suspend, or revoke the approval of a paramedic service provider for failure to comply with applicable policies, procedures, and regulations.

NOTE: Authority cited: Sections 1797.107, 1797.172, and 1798, Health and Safety Code. Reference: Sections 1797.172, 1797.178, 1797.180, 1797.204 and 1797.218, Health and Safety Code.

## **California Health and Safety Code (excerpts):**

**1797.94.** "Local EMS agency" means the agency, department, or office having primary responsibility for administration of emergency medical services in a county and which is designated pursuant to Chapter 4 (commencing with Section 1797.200).

**1797.206.** The local EMS agency shall be responsible for implementation of advanced life support systems and limited advanced life support systems and for the monitoring of training programs.  
[Amended by SB 595 (CH 1246) 1983.]

**1797.214.** A local EMS agency may require additional training or qualifications, for the use of drugs, devices, or skills in either the standard scope of practice or a local EMS agency optional scope of practice, which are greater than those provided in this chapter as a condition precedent for practice within such EMS area in an advanced life support or limited advanced life support prehospital care system consistent with standards adopted pursuant to this division.[Amended by SB 595 (CH 1246) 1983; and AB 1558 (CH 1134) and AB 2159 (CH 1362) 1989.]

**1797.220.** The local EMS agency, using state minimum standards, shall establish policies and procedures approved by the medical director of the local EMS agency to assure medical control of the EMS system.



The policies and procedures approved by the medical director may require basic life support emergency medical transportation services to meet any medical control requirements including dispatch, patient destination policies, patient care guidelines, and quality assurance requirements. [Amended by AB 3269 (CH 1390) 1988.]

- 1798.** (a) The medical direction and management of an emergency medical services system shall be under the medical control of the medical director of the local EMS agency. This medical control shall be maintained in accordance with standards for medical control established by the authority.
- (b) Medical control shall be within an EMS system which complies with the minimum standards adopted by the authority, and which is established and implemented by the local EMS agency.
- (c) In the event a medical director of a base station questions the medical effect of a policy of a local EMS agency, the medical director of the base station shall submit a written statement to the medical director of the local EMS agency requesting a review by a panel of medical directors of other base stations. Upon receipt of the request, the medical director of a local EMS agency shall promptly convene a panel of medical directors of base stations to evaluate the written statement. The panel shall be composed of all the medical directors of the base stations in the region, except that the local EMS medical director may limit the panel to five members.

This subdivision shall remain in effect only until the authority adopts more comprehensive regulations that supersede this subdivision. [Amended by SB 1124 (CH 1391) 1984. Subsection (c) added by AB 214 (CH 1225) and SB 12 (CH 1240) 1987. Paragraphs (1), (2), and (3) under subsection (a) deleted by AB 3269 (CH 1390) 1988.]

**1799.112.** (a) EMT-P employers shall report in writing to the local EMS agency medical director and the authority and provide all supporting documentation within 30 days of whenever any of the following actions are taken:

- (1) An EMT-P is terminated or suspended for disciplinary cause or reason.
  - (2) An EMT-P resigns following notice of an impending investigation based upon evidence indicating disciplinary cause or reason.
  - (3) An EMT-P is removed from paramedic duties for disciplinary cause or reason following the completion of an internal investigation.
- (b) The reporting requirements of subdivision (a) do not require or authorize the release of information or records of an EMT-P who is also a peace officer protected by Section 832.7 of the Penal Code.
- (c) For purposes of this section, "disciplinary cause or reason" means only an action that is substantially related to the qualifications, functions, and duties of a paramedic and is considered evidence of a threat to the public health and safety as identified in subdivision (c) of Section 1798.200.
- (d) Pursuant to subdivision (i) of Section 1798.24 of the Civil Code, upon notification to the paramedic, the authority may share the results of its investigation into a paramedic's misconduct with the paramedic's employer, prospective employer when requested in writing as part of a preemployment background check, and the local EMS agency.
- (e) The information reported or disclosed in this section shall be deemed in the nature of an investigative communication and is exempt from disclosure as a public record by subdivision (f) of Section 6254 of the Government Code.
- (f) A paramedic applicant or licensee to whom the information pertains may view the contents, as set forth in subdivision (a) of Section 1798.24 of the Civil Code, of a closed investigation file upon request during the regular business hours of the authority.
- [Added by AB 1655 (CH 513) 2004.]

**MEMORANDUM OF UNDERSTANDING  
BETWEEN THE KERN COUNTY PUBLIC HEALTH SERVICES DEPARTMENT,  
THE EMERGENCY MEDICAL SERVICES DIVISION**

**and,**

**THE KERN COUNTY FIRE DEPARTMENT**

**for**

**PARAMEDIC FIRST RESPONDER SERVICES FOR WILDLAND FIRES**

**THIS MORANDUM OF UNDERSTANDING ("MOU") is made and entered into on July 23, 2013, by and between the KERN COUNTY PUBLIC HEALTH SERVICES DEPARTMENT, EMERGENCY MEDICAL SERVICES DIVISION (hereinafter referred to as "KCEMS"), and KERN COUNTY FIRE DEPARTMENT (hereinafter referred to as "KCFD"), both of which are departments of the COUNTY OF KERN, a political subdivision of the state of California.**

**WITNESSETH:**

WHEREAS, KCEMS, located at 1800 Mount Vernon Avenue, Bakersfield, California 93306, and KCFD, located at 5642 Victor Street, Bakersfield, California 93308, are functional entities of the County of Kern (hereinafter referred to as "County") and both organizations are under the direct control of the Board of Supervisors (hereinafter referred to as "BOS"); and

WHEREAS, KCEMS is the designated local EMS agency (LEMSA) pursuant to California Health and Safety Code Section 1797.200 and Ordinance Code Chapter 2.23; and

WHEREAS, KCEMS is the responsible authority for managing the local emergency medical services system in accordance with the requirements of the California Health and Safety Code, California Code of Regulations Title 22, County Ordinance Code, and local regulations, policies, procedures, protocols, and other requirements; subject to direction from the BOS; and

WHEREAS, KCFD has received BOS approval to implement and maintain fireline paramedic services; and

WHEREAS, KCEMS and KCFD are required to have a written agreement in accordance with California Code of Regulations, Title 22, Article 7, Section 100167 (b) (4) entitled "Paramedic Service Provider" attached hereto and a part of herewith, for KCFD to participate in the EMS system, and to comply with all applicable State regulations and local policies and procedures, including participation in the KCEMS quality improvement program; and

WHEREAS, KCEMS has developed "*Fireline Paramedic Policies and Procedures*" (hereinafter referred to as "FEMP Policies"). Said policies define the performance standards and detailed requirements for implementation, approval, operation, quality improvement oversight and other requirements for the fireline paramedic services provided by KCFD.

**NOW, THEREFORE, IT IS MUTUALLY AGREED** between the parties hereto as follows:

1. KCFD is approved by KCEMS as a fireline paramedic provider in accordance with the terms and conditions of this MOU and all requirements of the FEMP Policies which are incorporated herein by reference.
2. KCFD agrees to comply with all requirements contained in FEMP Policies and all other KCEMS policies and regulations to implement, operate and maintain the fireline paramedic services.



3. KCEMS shall provide medical control oversight of the program through the KCEMS medical director.

4. KCFD shall not provide paramedic services beyond the confines of the wildland fire assignment and base camp, unless subsequent BOS approval has been granted and a subsequent authorizing MOU with KCEMS is executed.

5. KCEMS and KCFD shall comply with the California Health and Safety Code, California Code of Regulations Title 22, and other local policies and regulations.

6. This MOU shall commence upon execution and shall continue in effect until terminated by either party upon 90-day written notice of intent to terminate. However, this MOU shall terminate immediately upon:

- a. KCFD's non-compliance with the requirements of FEMP Policies, as determined by BOS after hearing the recommendation of KCEMS; or
- b. Any changes to State law or local requirements that materially change continued fireline paramedic services provided through the KCFD, whereby the purpose of this MOU is overridden or rendered invalid; or
- c. Upon direction to terminate this MOU from the BOS.

7. **Nonassignment of MOU.** KCFD shall not assign or transfer this MOU or any interest in it without the prior written consent of KCEMS, and if any assignment is approved, all provisions of this MOU shall extend to and include the successors of KCFD.

8. **Notices.** Any notice given by either party to the other under this MOU shall be in writing, served by interoffice mail, email, or personally upon the other party, addressed as follows:

To KCEMS:  
(with copy to CAO)

Director  
Kern County Public Health Services Dept  
1800 Mount Vernon Avenue  
Bakersfield, CA 93306

To KCFD:

Fire Chief  
Kern County Fire Department  
5642 Victor Street  
Bakersfield, CA 93308

9. **Amendments.** Any modification of this MOU shall be effective only if it is in writing and signed by the parties.

IN WITNESS WHEREOF, the parties have entered into this MOU as of the date first hereinabove written.

KCPHSD:  
PUBLIC HEALTH SERVICES DEPARTMENT

By   
Matt Constantine, Director

Date 7/12/13

KCFD:  
FIRE DEPARTMENT

By   
Brian Marshall, Fire Chief

Date 7/12/13

APPROVED AS TO FORM:  
OFFICE OF COUNTY COUNSEL

By   
Gurujodha Khalsa, Deputy

ACKNOWLEDGED BY:  
COUNTY OF KERN

By   
Chairman, Board of Supervisors

APPROVED AS TO FORM:  
OFFICE OF COUNTY COUNSEL

By   
Devin Brown, Deputy



Kern County

Agt. # 963-2016

CITY OF BAKERSFIELD

Agreement No. ED16-012

Approved AUG 02 2016

AGREEMENT NO. \_\_\_\_\_

**AGREEMENT  
BETWEEN THE COUNTY OF KERN  
AND  
CITY OF BAKERSFIELD  
FOR THE PROVISION OF FIRELINE PARAMEDIC PROGRAM**

**THIS AGREEMENT** is made and entered into this 30<sup>th</sup> day of August, 2016, by and between the **COUNTY OF KERN**, a political subdivision of the State of California ("**County**"), **CITY OF BAKERSFIELD** ("**Provider**"), a political subdivision of the State of California, located at 1600 Truxtun Avenue, Bakersfield, CA 93301. County and Provider may be individually referred to as "**Party**" and collectively as "**Parties**."

**WITNESSETH:**

**WHEREAS:**

(a) The Legislature of the State of California, through Division 2.5, Chapter 4, beginning at Section 1797.200 of the Health and Safety Code, a chapter within the "EMERGENCY MEDICAL SERVICES SYSTEM and the PREHOSPITAL EMERGENCY MEDICAL CARE PERSONNEL ACT" (aka "**EMS ACT**"), delegates certain authority for the establishment, development, and regulation of emergency medical services, including paramedic first responder services, to counties; and

(b) The Kern County Board of Supervisors has directed the Emergency Medical Services Division ("**Division**"), located at 1800 Mount Vernon Avenue, Bakersfield, California 93306, be the local EMS Agency; and

(c) Division administers an advanced life support system and designates selected providers to function as an advanced life support fireline paramedic program ("**FEMP**") approved by the EMS Medical Director in accordance with California Code of Regulations, Title 22, Article 7, Section 100168 and the *Fireline Paramedic Policies and Procedures*; and

(d) The EMS Medical Director is responsible for maintaining medical control in accordance with the authority and responsibility specified in Section 100170 of Title 22 of the California Code of Regulations, and Section 1798 of the Health and Safety Code; and

(e) Division has found that Provider meets the criteria for approval of a FEMP Program as defined by the *Fireline Paramedic Policies and Procedures*; and

(f) Provider is willing to accept approval of an FEMP Program, as defined in the *Fireline Paramedic Policies and Procedures*; and

(g) Provider agrees to comply with all applicable Federal, State, and County laws, regulations, and requirements now in effect or which may become effective during the term of this Agreement; and

(h) Provider is willing and able to provide FEMP services during deployment to wildfire incidents under the terms and conditions set forth herein.

**NOW, THEREFORE, IT IS MUTUALLY AGREED AS FOLLOWS:**

**1. Term and Termination.**

A. The term of this Agreement shall be effective as of the date first hereinabove written and shall remain in effect until withdrawn by either Party according to the provisions of this Agreement. With or without cause, either Party may terminate this Agreement at any time upon giving written notice to the other Party not less than one hundred eighty (180) days in advance of the proposed termination date.

B. This Agreement shall terminate immediately upon:



1) Provider failure to meet the FEMP Program requirements as specified in *the latest version of Fireline Paramedic Policies and Procedures*, as determined by the Division, subject to appeal to the Emergency Medical Care Advisory Board (EMCAB); or

2) Changes to State law or local requirements that materially change continued paramedic first responder services provided through Provider, whereby the purpose of this Agreement is overridden or rendered invalid; or

3) Provider's failure to comply with any policy, procedure, or regulation mandated by the local, State, or federal government.

**2. Obligations of Provider.**

A. Provider shall fully comply with all requirements of the latest version of the Kern County *Fireline Paramedic Policies and Procedures*.

B. Provider shall pay County the annual FEMP Program fee, to support system-wide oversight and coordination of FEMP Services, if so established by the County at some future time through adoption or modification of an ordinance.

C. Provider may provide FEMP services, while deployed on wildland fire both within and outside of the county. Services shall be provided in accordance with the *Fireline Paramedic Policies and Procedures*. This Agreement does not authorize Provider to perform patient transport services.

D. Provider shall comply with all the requirements of the *Fireline Paramedic Policies and Procedures*, including scope of practice, deployment, documentation, quality improvement, inventory, and all other requirements of the policy

E. Provider shall comply with Health and Safety Code, California Code of Regulations Title 22, and other EMS Division requirements.

F. Provider shall gain approval of any proposed expansion of FEMP services from the County, prior to any such expansion.

**3. Obligations of Division.**

A. The Division shall provide medical control oversight of the program through the Division's Medical Director in accordance with Health and Safety Code §1797.202.

B. Division shall provide a reasonable process for electronically reporting of required documentation, and Division shall periodically report to the public through its website Provider's record of compliance with *Fireline Paramedic Policies and Procedures*.

**4. Assignment of Agreement.** Provider shall not assign or transfer this Agreement or any interest in it without the prior written consent of County, and if any assignment is approved, all provisions of this Agreement shall extend to and include the executors, administrators, heirs, and successors of Provider as specified by County approval.

**5. Confidentiality - HIPAA/HITECH Compliance.**

A. During the term of this Agreement, Provider may receive from County, or may receive or create on behalf of County certain confidential health or medical information ("**Protected Health Information**" or "**PHI**"). This PHI is subject to protection under State and federal law, including the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("**HIPAA**"), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 ("**the HITECH Act**"), and regulations promulgated thereunder by the U.S. Department of Health and Human Services ("**HIPAA Regulations**") and other applicable laws. Provider represents that it has in place policies and procedures that will adequately safeguard any PHI it receives or creates, and Provider specifically agrees, on behalf of itself, its subcontractors and agents, to safeguard and protect the confidentiality of PHI consistent with applicable law, including currently effective provisions of HIPAA, the HITECH Act, and the HIPAA Regulations.

B. For purposes of this section, PHI means any information, whether oral or recorded in any form or medium: (a) that relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and (b) that identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual.



C. The Parties acknowledge that State and federal laws relating to electronic data security and privacy are rapidly evolving and that amendment of this Agreement may be required to provide for procedures to ensure compliance with such developments. The Parties hereto specifically agree to take such action as is necessary to implement the requirements of HIPAA, the HITECH Act, and HIPAA Regulations and other applicable laws relating to the security or confidentiality of PHI including but not limited to the incorporation of a Business Associate Agreement (BAA) attached as **Exhibit "A"** and incorporated herein by this reference. The Parties understand and agree that Provider must provide to County, after request by County, written evidence that Provider is in compliance with the HITECH Act, and applicable HIPAA Regulations.

D. Notwithstanding any other provision of this Agreement, County may terminate this Agreement upon twenty (20) days notice in the event: (a) Provider does not promptly provide written evidence of compliance with the HITECH Act, and applicable HIPAA Regulations, or (b) County becomes aware that Provider or any of its subcontractors or agents discloses PHI in a manner that is not authorized by County or by applicable law.

E. Provider has established internal policies and procedures regarding HIPAA compliance and privacy and agrees to make such policies and procedures available to County upon request.

6. **Conflict of Interest.** The Parties to this Agreement have read and are aware of the provisions of Section 1090, et seq. and Section 87100, et seq. of the Government Code relating to conflict of interest of public officers and employees. All Parties hereto agree that they are unaware of any financial or economic interest of any public officer or employee of County relating to this Agreement. It is further understood and agreed that if such a financial interest does exist at the inception of this Agreement, County may immediately terminate this Agreement by giving written notice thereof. County and Provider shall comply with the requirements of Government Code Section 87100, et seq. during the term of this Agreement.

7. **Disqualified Persons.** Provider represents and warrants that no person providing services under the terms of this Agreement (i) has been convicted of a criminal offense related to healthcare (unless such individual has been officially reinstated into the federal healthcare programs by the Office of Inspector General ("OIG") and provided proof of such reinstatement to County), (ii) is currently under sanction, exclusion or investigation (civil or criminal) by any federal or state enforcement, regulatory, administrative or licensing agency or is ineligible for federal or state program participation, or (iii) is currently listed on the General Services Administration List of Parties Excluded from the Federal Procurement and Non-Procurement Programs. Provider agrees that if any individual providing services under the terms of this Agreement becomes involved in a pending criminal action or proposed civil debarment, exclusion or other sanctioning action related to any federal or state healthcare program (each, an "**Enforcement Action**"), Provider shall immediately notify County and such individual shall be immediately removed by Provider from any functions involving (i) the claims development and submission process, and (ii) any healthcare provider contact related to patients; provided, however, that if Provider is directly involved in the Enforcement Action, any agreement between County and Provider shall terminate immediately.

8. **Entire Agreement – Amendments.** This Agreement supersedes any and all prior Fireline Paramedic agreements, either oral or written, between the Parties hereto with respect to the rendering of services by Provider pursuant to the terms and conditions of this Agreement and contains all the covenants and agreements between the Parties with respect to the rendering of such services. Each Party to this Agreement acknowledges that no representations, inducements, promises, or agreements, orally or otherwise, have been made by any Party, or anyone acting on behalf of any Party, which are not embodied herein, and that no other agreement, statement, or promise not contained in this Agreement shall be valid or binding. Any modification of the Agreement shall be effective only if it is in writing and signed by the Parties.

9. **Indemnification.**

A. Provider agrees to defend and indemnify County from any and all claims, expenses, liability, attorneys' fees, damages, costs, losses, actions, or damages to property or injury or death, arising or alleged to have arisen from the care of persons pursuant to this Agreement from the time



Provider receives such persons into their care but only to the extent caused in whole or in part by acts, errors, or omissions of Provider.

B. Provider agrees to indemnify, hold harmless and defend (at County's option and request) County, its governing board, officers, employees, and agents, and each of them, from any and all losses, costs, expenses, claims, liabilities, attorneys' fees, actions or damages of any nature whatsoever including, without limitation, liability for injuries or death of any person or persons, or damages to any property, arising in any manner out of or in connection with or incident to or alleged to have arisen in any manner out of or to be connected with or incident to any act, error, or omission, willful, negligent or otherwise, on the part of Provider, its officers, employees, and agents in the performance of services under this Agreement, or in connection with or as a result of this Agreement.

C. County agrees to indemnify, hold harmless and defend (at Provider's option and request) Provider, its governing board, officers, employees, and agents, and each of them, from any and all losses, costs, expenses, claims, liabilities, attorneys' fees, actions or damages of any nature whatsoever including, without limitation, liability for injuries or death of any person or persons, or damages to any property, arising in any manner out of or in connection with or incident to or alleged to have arisen in any manner out of or to be connected with or incident to any act, error, or omission, willful, negligent or otherwise, on the part of County, its officers, employees, and agents in the performance of services under this Agreement, or in connection with or as a result of this Agreement.

10. **Independent Contractor.** It is understood that Provider is an independent contractor and is not an employee or agent of County. This Agreement is not intended and shall not be construed in any manner to create an employee-agency or master-servant relationship, nor does this Agreement create a partnership, joint venture, or association between County and Provider. No employee, officer, or agent, as the case may be, of Provider shall have any claim whatsoever against County under this Agreement or otherwise for compensation or benefits of any kind including, without limitation, vacation, sick leave, retirement, Social Security, Workers' Compensation, unemployment, or disability insurance benefits. It shall be the sole obligation of Provider to withhold the appropriate amounts of federal and State income taxes and Social Security taxes from employee compensation and to provide Workers' Compensation, disability and/or unemployment insurance for its employees as required by law.

11. **Insurance.** Provider, in order to protect County and its board members, officials, agents, officers, and employees against all claims and liability for death, injury, loss and damage as a result of Provider's actions in connection with the performance of Provider's obligations, as required in this Agreement, shall secure and maintain insurance as described below. Provider shall not perform any work under this Agreement until Provider has obtained all insurance required under this section and the required certificates of insurance and all required endorsements have been filed with County's authorized insurance representative, Insurance Tracking Services, Inc. ("ITS") via e-mail to COK@instracking.com or fax to (562) 513-5461. Receipt of evidence of insurance that does not comply with all applicable insurance requirements shall not constitute a waiver of the insurance requirements set forth herein. The required documents must be signed by the authorized representative of the insurance company shown on the certificate. Upon request, Provider shall supply proof that such person is an authorized representative thereof, and is authorized to bind the named underwriter(s) and their company to the coverage, limits and termination provisions shown thereon. Provider shall promptly deliver to ITS a certificate of insurance, and all required endorsements, with respect to each renewal policy, as necessary to demonstrate the maintenance of the required insurance coverage for the term specified herein. Such certificates and endorsements shall be delivered to ITS not less than thirty (30) days prior to the expiration date of any policy and bear a notation evidencing payment of the premium thereof if so requested. Provider shall immediately pay any deductibles and self-insured retentions under all required insurance policies upon the submission of any claim by Provider or County as an additional insured.

A. Workers' Compensation and Employers Liability Insurance Requirement B: In the event Provider has employees who may perform any services pursuant to this Agreement, Provider



shall submit written proof that Provider is insured against liability for workers' compensation in accordance with the provisions of section 3700 of the California Labor Code. Provider shall require any subcontractors to provide workers' compensation in accordance with State law for all of the subcontractors' employees. If any class of employees engaged in work or services performed under this Agreement is not covered by California Labor Code section 3700, Provider shall provide and/or require each sub-contractor to provide adequate insurance in accordance with State law for the coverage of employees not otherwise covered. Provider shall also maintain employer's liability insurance with limits of one million dollars (\$1,000,000) for bodily injury or disease.

B. Liability Insurance Requirements:

1) Provider shall maintain in full force and effect, at all times during the term of this Agreement, the following insurance:

(a) Commercial General Liability Insurance including, but not limited to, Contractual Liability Insurance (specifically concerning the indemnity provisions of this Agreement with the County), Personal Injury (including bodily injury and death), and Property Damage for liability arising out of Provider's performance of work under this Agreement. The amount of said insurance coverage required by this Agreement shall be the policy limits, which shall be at least one million dollars (\$1,000,000) each occurrence and three million dollars (\$3,000,000) aggregate.

(b) Automobile Liability Insurance against claims of Personal Injury (including bodily injury and death) and Property Damage covering any vehicle and/or all owned, leased, hired and non-owned vehicles used in the performance of services pursuant to this Agreement with coverage equal to the policy limits, which shall be at least one million dollars (\$1,000,000) each occurrence.

(c) Professional Liability (Errors and Omissions) Insurance, for liability arising out of, or in connection with, the performance of required Provider services under this Agreement, with coverage equal to the policy limits, which shall not be less than one million dollars (\$1,000,000) per occurrence and three million dollars (\$3,000,000) aggregate. Provider affirms any physicians providing services under this Agreement are required to carry their own Professional Liability policy limits of one million dollars (\$1,000,000) and three million dollars (\$3,000,000) in the aggregate.

2) The Commercial General Liability and Automobile Liability Insurance required in this **sub-paragraph B** shall include an endorsement naming the County and County's board members, officials, officers, agents and employees as additional insured's for liability arising out of this Agreement and any operations related thereto. Said endorsement shall be provided using one of the following three options: (i) on ISO form CG 20 10 11 85; or (ii) on ISO form CG 20 37 10 01 plus either ISO form CG 20 10 10 01 or CG 20 33 10 01; or (iii) on such other forms which provide coverage at least equal to or better than form CG 20 10 11 85.

3) Any self-insured retentions in excess of one hundred thousand dollars (\$100,000) must be declared on the Certificate of Insurance or other documentation provided to County and must be approved by the County Risk Manager.

4) If any of the insurance coverages required under this Agreement is written on a claims-made basis, Provider, at Provider's option, shall either (i) maintain said coverage for at least three (3) years following the termination of this Agreement with coverage extending back to the effective date of this Agreement; (ii) purchase an extended reporting period of not less than three (3) years following the termination of this Agreement; or (iii) acquire a full prior acts provision on any renewal or replacement policy.

C. Prior to Provider commencing any of its obligations under this Agreement, evidence of insurance in compliance with the requirements above shall be furnished to the County by Certificate of Insurance. Receipt of evidence of insurance that does not comply with above requirements shall not constitute a waiver of the insurance requirements set forth above.

D. Cancellation of Insurance: The above stated insurance coverages required to be maintained by Provider shall be maintained until the completion of all of Provider's obligations under this Agreement except as otherwise indicated herein. Each insurance policy supplied by the Provider must be endorsed to provide that the coverage shall not be suspended, voided, cancelled, or reduced in coverage or in limits except after ten (10) days written notice in the case of non-payment



of premiums, or thirty (30) days written notice in all other cases. Such notice shall be by certified mail, return receipt requested. This notice requirement does not waive the insurance requirements stated herein. Provider shall immediately obtain replacement coverage for any insurance policy that is terminated, canceled, non-renewed, or whose policy limits have been exhausted or upon insolvency of the insurer that issued the policy.

E. All insurance shall be issued by a company or companies admitted to do business in California and listed in the current "Best's Key Rating Guide" publication with a minimum rating of "A-; VII". Any exception to these requirements must be approved by the County Risk Manager.

F. If Provider is, or becomes during the term of this Agreement, self-insured or a member of a self-insurance pool, Provider shall provide coverage substantially equivalent to the insurance coverages and endorsements required above. The County will not accept such coverage unless the County determines, in its sole discretion and by written acceptance, that the coverage proposed to be provided by Provider is equivalent to the above-required coverages.

G. As respects the acts, errors, and omissions of Provider, all insurance afforded by Provider pursuant to this Agreement shall be primary to and not contributing to all insurance or self-insurance maintained by the County. An endorsement shall be provided on all policies, except professional liability/errors and omissions, which shall waive any right of recovery (waiver of subrogation) against the County.

H. Insurance coverages in the minimum amounts set forth herein shall not be construed to relieve Provider for any liability, whether within, outside, or in excess of such coverage, and regardless of solvency or insolvency of the insurer that issues the coverage; nor shall it preclude the County from taking such other actions as are available to it under any other provision of this Agreement or otherwise in law.

I. Failure by Provider to maintain all such insurance in effect at all times required by this Agreement shall be a material breach of this Agreement by Provider, and County, at its sole option, may terminate this Agreement immediately.

12. **Notices.** Any notice given by either Party to the other under this Agreement shall be in writing, served by prepaid certified mail or personally upon the other Party, addressed as follows:

**TO COUNTY:**

Kern County Public Health Services Department  
Attn: Contracts Unit  
1800 Mt. Vernon Avenue  
Bakersfield, CA 93306-3302

**TO PROVIDER:**

Bakersfield City Clerk  
City of Bakersfield  
1600 Truxtun Avenue.  
Bakersfield, CA 93301

13. **Nondiscrimination.** Both Parties agree to abide by all applicable federal and State laws prohibiting discrimination against any employee, applicant for employment, or patient because of race, color, religion, sex, age, handicap, or place of national origin.

14. **Partial Invalidity.** If any provision in this Agreement is held by a court of competent jurisdiction to be invalid, void, or unenforceable, the remaining provisions shall nevertheless continue in full force without being impaired or invalidated in any way.

15. **Governing Law.** The validity, construction and effect of the Agreement are governed by the laws of the State of California.


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IN WITNESS WHEREOF, the Parties have entered into this Agreement as of the date first hereinabove written.

APPROVED AS TO CONTENT:  
PUBLIC HEALTH SERVICES DEPARTMENT

By:   
Matt Constantine, Director  
"DEPARTMENT"


COUNTY OF KERN:

By:   
Chairman, Board of Supervisors  
"COUNTY"

PROVIDER:  
CITY OF BAKERSFIELD

By:   
HARVEY L. HALL, Mayor

APPROVED AS TO FORM:  
OFFICE OF COUNTY COUNSEL

By:   
Kendra L. Graham  
Deputy County Counsel

APPROVED AS TO CONTENT:  
BAKERSFIELD FIRE DEPARTMENT

By:   
DOUGLAS R. GREENER  
Fire Chief

APPROVED AS TO FORM:  
VIRGINIA GENNARO  
City Attorney

By:   
JOSHUA H. RUDNICK  
Deputy City Attorney

COUNTERSIGNED:

By:   
NELSON SMITH  
Finance Director

**EXHIBIT "A"**  
**BUSINESS ASSOCIATE AGREEMENT**

**THIS BUSINESS ASSOCIATE AGREEMENT ("BAA")** is by and between Kern County Public Health Services Department (Covered Entity ("CE")) and **CONTRACTOR** (Business Associate ("BA")).

**RECITALS:**

A. CE wishes to exchange certain information with BA pursuant to the terms of the Agreement, some of which may constitute Protected Health Information ("PHI") (defined below).

B. CE and BA intend to protect the privacy and provide for the security of PHI disclosed to BA pursuant to the Agreement in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 ("the HITECH Act"), and regulations promulgated thereunder by the U.S. Department of Health and Human Services (the "HIPAA Regulations") and other applicable laws.

C. As part of the HIPAA Regulations, the Privacy Rule and the Security Rule (defined below) require CE to enter into a contract containing specific requirements with BA prior to the disclosure of PHI, as set forth in, but not limited to, Title 45, Sections 164.314(a), 164.502(e) and 164.504(e) of the Code of Federal Regulations ("CFR") and contained in this Exhibit.

In consideration of the mutual promises below and the exchange of information pursuant to this Agreement, the parties agree as follows:

1. **Definitions.**

**Catch-all definition:**

The following terms used in this Agreement shall have the same meaning as those terms in the HIPAA Rules: Breach, Data Aggregation, Designated Record Set, Disclosure, Health Care Operations, Individual, Minimum Necessary, Notice of Privacy Practices, Protected Health Information, Required by Law, Secretary, Security Incident, subcontractor, Unsecured Protected Health Information, and Use.

**Specific definitions:**

(a) **Business Associate.** "Business Associate" shall generally have the same meaning as the term "business associate" at 45 CFR 160.103, and in reference to the party to this Exhibit.

(b) **Covered Entity.** "Covered Entity" shall generally have the same meaning as the term "covered entity" at 45 CFR 160.103, and in reference to the party to this Exhibit.



(c) **HIPAA Rules.** "HIPAA Rules" shall mean the Privacy, Security, Breach Notification, and Enforcement Rules at 45 CFR Part 160 and Part 164.

(d) **Electronic Health Record** shall have the meaning given to such term in the HITECH Act, including, but not limited to 42 U.S.C. Section 17921.

(e) **Privacy Rule** shall mean the HIPAA Regulation that is codified at 45 CFR Parts 160 and 164, Subparts A and E.

**2. Obligations and Activities of Business Associate.**

Business Associate agrees to:

(a) Not use or disclose protected health information other than as permitted or required by the Agreement or as required by law;

(b) Use appropriate safeguards, and comply with Subpart C of 45 CFR Part 164 with respect to electronic protected health information, to prevent use or disclosure of protected health information other than as provided for by the Agreement;

(c) Report to covered entity any use or disclosure of protected health information not provided for by the Agreement of which it becomes aware, including breaches of unsecured protected health information as required at 45 CFR 164.410, and any security incident of which it becomes aware;

(d) In accordance with 45 CFR 164.502(e)(1)(ii) and 164.308(b)(2), if applicable, ensure that any subcontractors that create, receive, maintain, or transmit protected health information on behalf of the business associate agree to the same restrictions, conditions, and requirements that apply to the business associate with respect to such information;

(e) Make available protected health information in a designated record set to the covered entity as necessary to satisfy covered entity's obligations under 45 CFR 164.524;

(f) Make any amendment(s) to protected health information in a designated record set as directed or agreed to by the covered entity pursuant to 45 CFR 164.526, or take other measures as necessary to satisfy covered entity's obligations under 45 CFR 164.526;

(g) Maintain and make available the information required to provide an accounting of disclosures to the covered entity as necessary to satisfy covered entity's obligations under 45 CFR 164.528;

(h) To the extent the business associate is to carry out one or more of covered entity's obligation(s) under Subpart E of 45 CFR Part 164, comply with the requirements of Subpart E that apply to the covered entity in the performance of such obligation(s); and

(i) Make its internal practices, books, and records available to the Secretary of the U.S. Department of Health and Human Services (the "Secretary") for purposes of determining compliance with the HIPAA Rules.

**3. Permitted Uses and Disclosures by Business Associate.**

(a) Business associate may only use or disclose protected health information as necessary to perform the services set forth in the Agreement.

(b) Business associate may use or disclose protected health information as required by law.

(c) Business associate agrees to make uses and disclosures and requests for protected health information consistent with covered entity's minimum necessary policies and procedures.

(d) Business associate may not use or disclose protected health information in a manner that would violate Subpart E of 45 CFR Part 164 if done by covered entity except for the specific uses and disclosures set forth below.

(e) Business associate may use protected health information for the proper management and administration of the business associate or to carry out the legal responsibilities of the business associate.

(f) Business associate may disclose protected health information for the proper management and administration of business associate or to carry out the legal responsibilities of the business associate, provided the disclosures are required by law, or business associate obtains reasonable assurances from the person to whom the information is disclosed that the information will remain confidential and used or further disclosed only as required by law or for the purposes for which it was disclosed to the person, and the person notifies business associate of any instances of which it is aware in which the confidentiality of the information has been breached.

(g) Business associate may provide data aggregation services relating to the health care operations of the covered entity.

**4. Provisions for Covered Entity to Inform Business Associate of Privacy Practices and Restrictions.**

(a) Covered entity shall notify business associate of any limitation(s) in the notice of privacy practices of covered entity under 45 CFR 164.520, to the extent that such limitation may affect business associate's use or disclosure of protected health information.

(b) Covered entity shall notify business associate of any changes in, or revocation of, the permission by an individual to use or disclose his or her protected health information, to the extent that such changes may affect business associate's use or disclosure of protected health information.

(c) Covered entity shall notify business associate of any restriction on the use or disclosure of protected health information that covered entity has agreed to or is required to abide by under 45 CFR 164.522, to the extent that such restriction may affect business associate's use or disclosure of protected health information.



(d) Reporting of Improper Access, Use, or Disclosure. BA shall report to CE in writing of any access, use or disclosure of Protected Information not permitted by the Agreement, and any Breach of Unsecured PHI of which it becomes aware without unreasonable delay and in no case later than ten (10) calendar days after discovery [42 U.S.C. Section 17921; 45 CFR Section 164.504(e)(2)(ii)(C); 45 CFR Section 164.308(b)].

(e) Business Associate's Agents. BA shall ensure that any agents, including subcontractors, to whom it provides Protected Information, agree in writing to the same restrictions and conditions that apply to BA with respect to such PHI and implement the safeguards required by subsection c above with respect to Electronic PHI [45 CFR Section 164.504(e)(2)(ii)(D); 45 CFR Section 164.308(b)]. BA shall implement and maintain sanctions against agents and subcontractors that violate such restrictions and conditions and shall mitigate the effects of any such violation (see 45 CFR Sections 164.530(f) and 164.530(e)(1)).

(f) Amendment of PHI. If applicable within ten (10) days of receipt of a request from CE for an amendment of Protected Information or a record about an individual contained in a Designated Record Set, BA or its agents or subcontractors shall make such Protected Information available to CE for amendment and incorporate any such amendment to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 CFR Section 164.526. If any individual requests an amendment of Protected Information directly from BA or its agents or subcontractors, BA must notify CE in writing within five (5) days of the request. Any approval or denial of amendment of Protected Information maintained by BA or its agents or subcontractors shall be the responsibility of CE [45 CFR Section 164.504(e)(2)(ii)(F)].

(g) Accounting Rights. Within ten (10) days of notice by CE of a request for an accounting of disclosures of Protected Information, BA and its agents or subcontractors shall make available to CE the information required to provide an accounting of disclosures to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 CFR Section 164.528, and the HITECH Act, including but not limited to 42 U.S.C. Section 17935(c), as determined by CE. BA agrees to implement a process that allows for an accounting to be collected and maintained by BA and its agents or subcontractors for at least six (6) years prior to the request. However, accounting of disclosures from an Electronic Health Record for treatment, payment, or health care operations purposes are required to be collected and maintained for only three (3) years prior to the request, and only to the extent that BA maintains an electronic health record and is subject to this requirement. At a minimum, the information collected and maintained shall include: (i) the date of disclosure; (ii) the name of the entity or person who received Protected Information and, if known, the address of the entity or person; (iii) a brief description of Protected Information disclosed; and (iv) a brief statement of purpose of the disclosure that reasonably informs the individual of the basis for the disclosure, or a copy of the individual's authorization, or a copy of the written request for disclosure. In the event that the request for an accounting is delivered directly to BA or its agents or subcontractors, BA shall within five (5) days of a request forward it to CE in writing. It shall be CE's responsibility to prepare and deliver any such accounting requested. BA shall not disclose any Protected Information except as set forth in sections 2.b. of this Exhibit [45 CFR Sections 164.504(e)(2)(ii)(G) and 165.528]. The provisions of this subsection shall survive the termination of this Agreement.



(h) Governmental Access to Records. BA shall make its internal practices, books, and records relating to the use and disclosure of Protected Information available to CE and to the Secretary for purposes of determining BA's compliance with the Privacy Rule [45 C.F.R. Section 164.504(e)(2)(ii)(H)]. BA shall provide to CE a copy of any Protected Information that BA provides to the Secretary concurrently with providing such Protected Information to the Secretary.

(i) Data Ownership. BA acknowledges that BA has no ownership rights with respect to the Protected Information.

(j) Notification of Breach. During the term of the Agreement, BA shall notify CE within twenty-four (24) hours of any suspected or actual breach of security, intrusion or unauthorized use or disclosure of PHI of which BA becomes aware and/or any actual or suspected use or disclosure of data in violation of any applicable federal or state laws or regulations. BA shall take (i) prompt corrective action to cure any such deficiencies and (ii) any action pertaining to such unauthorized disclosure required by applicable federal and State laws and regulations.

(k) Breach Pattern or Practice by Covered Entity. Pursuant to 42 U.S.C. Section 17934(b), if the BA knows of a pattern of activity or practice of the CE that constitutes a material breach or violation of the CE's obligations under the Agreement, Exhibit, or other arrangement, the BA must take reasonable steps to cure the breach or end the violation. If the steps are unsuccessful, the BA must terminate the Agreement or other arrangement if feasible, or if termination is not feasible, report the problem to the Secretary of the U.S. Department of Health and Human Services ("DHHS"). BA shall provide written notice to CE of any pattern of activity or practice of CE that BA believes constitutes a material breach or violation of the CE's obligations under the Agreement, Exhibit, or other arrangement within five (5) days of discovery and shall meet with CE to discuss and attempt to resolve the problem as one of the reasonable steps to cure the breach or end the violation.

(l) Audits, Inspection and Enforcement. Within ten (10) days of a written request by CE, BA and its agents or subcontractors shall allow CE to conduct a reasonable inspection of the facilities, systems, books, records, agreements, policies and procedures relating to the use or disclosure of Protected Information pursuant to this Exhibit for the purpose of determining whether BA has complied with this Exhibit; provided, however, that (i) BA and CE shall mutually agree in advance upon the scope, timing, and location of such an inspection; (ii) CE shall protect the confidentiality of all confidential and proprietary information of BA to which CE has access during the course of such inspection; and (iii) CE shall execute a nondisclosure agreement, upon terms mutually agreed upon by the parties, if requested by BA. The fact that CE inspects, or fails to inspect, or has the right to inspect, BA's facilities, systems, books, records, agreements, policies and procedures does not relieve BA of its responsibility to comply with this Exhibit, nor does CE's (i) failure to detect or (ii) detection, but failure to notify BA or require BA's remediation of any unsatisfactory practices, constitute acceptance of such practice or a waiver of CE's enforcement rights under the Agreement or Exhibit, BA shall notify CE within ten (10) days of learning that BA has become the subject of an audit, compliance review, or complaint investigation by the Office for Civil Rights.

## **5. Termination.**

a. Material Breach. A breach by BA of any provision of this Exhibit, as determined by CE, shall constitute a material breach of the Agreement and shall provide grounds for immediate termination of the Agreement, any provision in the Agreement to the contrary notwithstanding [45 CFR Section 164.504(e)(2)(iii)].

b. Judicial or Administrative Proceedings. CE may terminate the Agreement effective immediately, if (i) BA is named as a defendant in a criminal proceeding for a violation of HIPAA, the HITECH Act, the HIPAA Regulations or other security or privacy laws or (ii) a finding or stipulation that the BA has violated any standard or requirement of HIPAA, the HITECH Act, the HIPAA Regulations or other security or privacy laws is made in any administrative or civil proceeding in which the party has been joined.

c. Obligations of Business Associate Upon Termination.

Upon termination of this Agreement for any reason, business associate, with respect to protected health information received from covered entity, or created, maintained, or received by business associate on behalf of covered entity, shall:

i. Retain only that protected health information which is necessary for business associate to continue its proper management and administration or to carry out its legal responsibilities;

ii. Return to covered entity the remaining protected health information that the business associate still maintains in any form;

iii. Continue to use appropriate safeguards and comply with Subpart C of 45 CFR Part 164 with respect to electronic protected health information to prevent use or disclosure of the protected health information, other than as provided for in this section, for as long as business associate retains the protected health information;

iv. Not use or disclose the protected health information retained by business associate other than for the purposes for which such protected health information was retained and subject to the same conditions set out in this Agreement above which applied prior to termination; and

v. Return to covered entity or, if agreed to by covered entity, destroy the protected health information retained by business associate when it is no longer needed by business associate for its proper management and administration or to carry out its legal responsibilities.

6. **Indemnification.** BA agrees to indemnify, defend and hold harmless County and County's agents, board members, elected and appointed officials and officers, employees, volunteers and authorized representatives from any and all losses, liabilities, charges, damages, claims, liens, causes of action, awards, judgments, costs, and expenses (including, but not limited to, reasonable attorneys' fees of County Counsel and counsel retained by County, expert fees, costs of staff time, and investigation costs) of whatever kind or nature, which arise out of or are in any way connected with any negligent act or omission of BA or BA's officers, agents, employees, independent BAs, subcontractor of any tier, or authorized representatives. Without limiting the



generality of the foregoing, the same shall include injury or death to any person or persons, damage to any property, regardless of where located, including the property of County; and any Workers' Compensation claim or suit arising from or connected with any services performed pursuant to this Agreement on behalf of BA by any person or entity.

7. **Disclaimer.** CE makes no warranty or representation that compliance by BA with this Exhibit, HIPAA, the HITECH Act, or the HIPAA Regulations will be adequate or satisfactory for BA's own purposes. BA is solely responsible for all decisions made by BA regarding the safeguarding of PHI.

8. **Certification.** To the extent that CE determines that such examination is necessary to comply with CE's legal obligations pursuant to HIPAA relating to certification of its security practices, CE or its authorized agents or contractors, may, at CE's expense, examine BA's facilities, systems, procedures and records as may be necessary for such agents or contractors to certify to CE the extent to which BA's security safeguards comply with HIPAA, the HITECH Act, the HIPAA Regulations or this Exhibit.

9. **Amendment.**

a. Amendment to Comply with Law. The parties acknowledge that State and federal laws relating to data security and privacy are rapidly evolving and that amendment of the Agreement or Exhibit may be required to provide for procedures to ensure compliance with such developments. The parties specifically agree to take such action as is necessary to implement the standards and requirements of HIPAA, the HITECH Act, the Privacy Rule, the Security Rule and other applicable laws relating to the security or confidentiality of PHI. The parties understand and agree that CE must receive satisfactory written assurance from BA that BA will adequately safeguard all Protected Information. Upon the request of either party, the other party agrees to promptly enter into negotiations concerning the terms of an amendment to this Exhibit embodying written assurances consistent with the standards and requirements of HIPAA, the HITECH Act, the Privacy Rule, the Security Rule or other applicable laws. CE may terminate the Agreement upon thirty (30) days written notice in the event (i) BA does not promptly enter into negotiations to amend the Agreement or Exhibit when requested by CE pursuant to this section or (ii) BA does not enter into an amendment to the Agreement or Exhibit providing assurances regarding the safeguarding of PHI that CE, in its sole discretion, deems sufficient to satisfy the standards and requirements of applicable laws.

10. **Assistance in Litigation or Administrative Proceedings.** BA shall make itself, and any subcontractors, employees, or agents assisting BA in the performance of its obligations under the Agreement or Exhibit, available to CE, at no cost to CE, to testify as witnesses, or otherwise, in the event of litigation or administrative proceedings being commenced against CE, its directors, officers, or employees based upon a claimed violation of HIPAA, the HITECH Act, The Privacy Rule, the Security Rule, or other laws relating to security and privacy, except where BA or its subcontractor, employee, or agent is a named adverse party.

11. **No Third-Party Beneficiaries.** Nothing express or implied in the Agreement or Exhibit is intended to confer, nor shall anything herein confer, upon any person other than CE, BA,



and their respective successors or assigns, any rights, remedies, obligations, or liabilities whatsoever.

12. **Effect on Agreement.** Except as specifically required to implement the purposes of this Exhibit, or to the extent inconsistent with this Exhibit, all other terms of the Agreement shall remain in force and effect.


13. **Interpretation.** The provisions of this Exhibit shall prevail over any provisions in the Agreement that may conflict or appear inconsistent with any provision in this Exhibit. This Exhibit and the Agreement shall be interpreted as broadly as necessary to implement and comply with HIPAA, the HITECH Act, the Privacy Rule, and the Security Rule. The parties agree that any ambiguity in this Exhibit shall be resolved in favor of a meaning that complies and is consistent with HIPAA, the HITECH Act, the Privacy Rule, and the Security Rule.

**WITNESS WHEREOF**, the parties hereto have duly executed this Addendum as of the Addendum Effective Date.


**COUNTY**

By:   
**Matthew Constantine**  
Director

**BUSINESS ASSOCIATE**

By:   
**Harvey Hall**  
Mayor

**BAKERSFIELD FIRE DEPARTMENT**

By:   
**DOUGLAS R. GREENER**  
Fire Chief

AGREEMENT FOR THE PROVISION  
OF  
FIRELINE PARAMEDIC PROGRAM  
(County of Kern – City of California City)

As of [date] OCT 15 2013 the COUNTY OF KERN, a political subdivision of the State of California (hereinafter "COUNTY"), and the city of California City (hereinafter "PROVIDER"), whose principal place of administration is located at 21000 Hacienda Boulevard, California City, CA 93505, agree as follows.

WITNESSETH:

Whereas, the Legislature of the State of California, through Division 2.5, Chapter 4, beginning at Section 1797 of the Health and Safety Code, also known as the "EMERGENCY MEDICAL SERVICES ACT" (hereinafter "EMS ACT"), delegates certain authority for the establishment, development, and regulation of emergency medical services, including paramedic first responder services, to counties;

Whereas, the Kern County Board of Supervisors (hereinafter "BOS") created the Kern County Emergency Medical Services Division within the Public Health Services Department (hereinafter "DEPARTMENT") to operate in the capacity of the Local Emergency Medical Services Agency (LEMSA) for COUNTY in accordance with the provisions of the California Health and Safety Code;

Whereas, the parties wish to enter into a written agreement for PROVIDER to participate in the EMS system with an ALS Fireline Paramedic Program (FEMP), in accordance with California Code of Regulations, Title 22, Article 7., Section 100168 (b) (4);

NOW, THEREFORE, IT IS MUTUALLY AGREED AS FOLLOWS:

I. TERM AND TERMINATION

- A. The term of this Agreement shall be effective as of the date first hereinabove written and shall remain in effect until withdrawn by either party according to the provisions of this Agreement. With or without cause, either party may terminate this Agreement at any time upon giving written notice to the other party not less than one hundred eight (180) days in advance of the proposed termination date.

B. The COUNTY may immediately terminate this Agreement upon establishing:

- (1) PROVIDER non-compliance with the requirements of the latest version of the *Fireline Paramedic Policies and Procedures*, as determined by DEPARTMENT, subject to appeal to the Board of Supervisors; or
- (2) Changes to State law or local requirements that materially change continued paramedic first responder services provided through PROVIDER, whereby the purpose of this AGREEMENT is overridden or rendered invalid; or
- (3) PROVIDER'S failure to comply with any policy, procedure, or regulation mandated by the local, State, or federal government.

## 2. OBLIGATIONS OF THE PROVIDER

- A. PROVIDER may provide FEMP services, while deployed on wildland fire both within and outside of the county. Services shall be provided in accordance with the *Fireline Paramedic Policies and Procedures*. This agreement does not authorize PROVIDER to perform patient transport service.
- B. PROVIDER shall comply with the all requirements of the *Fireline Paramedic Policies and Procedures*, including scope of practice, deployment, documentation, quality improvement, inventory, and all other requirements of the policy.
- C. PROVIDER shall comply with Health and Safety Code, California Code of Regulations Title 22, and other EMS Division requirements.
- D. PROVIDER shall gain approval of any proposed expansion of FEMP services from the COUNTY, prior to any such expansion.

## 3. OBLIGATIONS OF THE DEPARTMENT

- A. DEPARTMENT shall provide medical control oversight of the program through the DEPARTMENT'S Medical Director in accordance with Health and Safety Code § 1979.202.
  - B. DEPARTMENT shall provide a reasonable process for electronically reporting of required documentation, and DEPARTMENT shall periodically report to the public through its website PROVIDER's record of compliance with the *Fireline Paramedic Policies and Procedures*.
4. ASSIGNMENT OF AGREEMENT. PROVIDER shall not assign or transfer this Agreement or any interest in it without the prior written consent of County, and if any assignment is



approved, all provisions of this Agreement shall extend to and include the executors, administrators, heirs, and successors of PROVIDER as specified by County approval.

5. CONFIDENTIALITY - HIPAA/HITECH COMPLIANCE.

- A. During the term of this Agreement, PROVIDER may receive from County, or may receive or create on behalf of County certain confidential health or medical information ("Protected Health Information" or "PHI"). This PHI is subject to protection under State and federal law, including the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 ("the HITECH Act"), and regulations promulgated thereunder by the U.S. Department of Health and Human Services ("HIPAA Regulations") and other applicable laws. PROVIDER represents that it has in place policies and procedures that will adequately safeguard any PHI it receives or creates, and PROVIDER specifically agrees, on behalf of itself, its subcontractors and agents, to safeguard and protect the confidentiality of PHI consistent with applicable law, including currently effective provisions of HIPAA, the HITECH Act, and the HIPAA Regulations.
- B. For purposes of this section, PHI means any information, whether oral or recorded in any form or medium: (a) that relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and (b) that identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual.
- C. The parties acknowledge that State and federal laws relating to electronic data security and privacy are rapidly evolving and that amendment of this Agreement may be required to provide for procedures to ensure compliance with such developments. The parties hereto specifically agree to take such action as is necessary to implement the requirements of HIPAA, the HITECH Act, and HIPAA Regulations and other applicable laws relating to the security or confidentiality of PHI including but not limited to the incorporation of a Business Associate Agreement (BAA) attached as Exhibit "A" and incorporated herein by this reference. The parties understand and agree that PROVIDER must provide to County, after request by County, written evidence that PROVIDER is in compliance with the HITECH Act, and applicable HIPAA Regulations.
- D. Notwithstanding any other provision of this Agreement, County may terminate this Agreement upon twenty (20) days notice in the event: (a) PROVIDER does not promptly

provide written evidence of compliance with the HITECH Act, and applicable HIPAA Regulations, or (b) County becomes aware that PROVIDER or any of its subcontractors or agents discloses PHI in a manner that is not authorized by County or by applicable law.

- E. PROVIDER has established internal policies and procedures regarding HIPAA compliance and privacy and agrees to make such policies and procedures available to County upon request.

6. CONFLICT OF INTEREST. The parties to this Agreement have read and are aware of the provisions of Section 1090, et seq. and Section 87100, et seq. of the Government Code relating to conflict of interest of public officers and employees. All parties hereto agree that they are unaware of any financial or economic interest of any public officer or employee of County relating to this Agreement. It is further understood and agreed that if such a financial interest does exist at the inception of this Agreement, County may immediately terminate this Agreement by giving written notice thereof. County and PROVIDER shall comply with the requirements of Government Code Section 87100, et seq. during the term of this Agreement.

7. DISQUALIFIED PERSONS. PROVIDER represents and warrants that no person providing services under the terms of this Agreement (i) has been convicted of a criminal offense related to healthcare (unless such individual has been officially reinstated into the federal healthcare programs by the Office of Inspector General ("OIG") and provided proof of such reinstatement to County), (ii) is currently under sanction, exclusion or investigation (civil or criminal) by any federal or state enforcement, regulatory, administrative or licensing agency or is ineligible for federal or state program participation, or (iii) is currently listed on the General Services Administration List of Parties Excluded from the Federal Procurement and Non-Procurement Programs. PROVIDER agrees that if any individual providing services under the terms of this Agreement becomes involved in a pending criminal action or proposed civil debarment, exclusion or other sanctioning action related to any federal or state healthcare program (each, an "Enforcement Action"), PROVIDER shall immediately notify County and such individual shall be immediately removed by PROVIDER from any functions involving (i) the claims development and submission process, and (ii) any healthcare provider contact related to patients; provided, however, that if PROVIDER is directly involved in the Enforcement Action, any agreement between County and PROVIDER shall terminate immediately.

8. ENTIRE AGREEMENT – AMENDMENTS. This Agreement supersedes any and all prior Fireline Paramedic agreements, either oral or written, between the parties hereto with respect to the rendering of services by PROVIDER pursuant to the terms and conditions of this Agreement and contains all the covenants and agreements between the parties with respect to the rendering of such services. Each party to this Agreement acknowledges that no representations, inducements, promises, or agreements, orally or otherwise, have been made by any party, or anyone acting on behalf of any party, which are not embodied herein, and that no other agreement, statement, or promise not contained in this Agreement shall be valid or binding. Any modification of the Agreement shall be effective only if it is in writing and signed by the parties.
9. INDEMNIFICATION.
- A. PROVIDER agrees to indemnify County from any and all claims, expenses, liability, attorneys' fees, damages, costs, losses, actions, or damages to property or injury or death, arising or alleged to have arisen from the care of persons pursuant to this Agreement from the time PROVIDER arrives at scene of an incident but only to the extent caused in whole or in part by acts, errors, or omissions of PROVIDER.
- B. PROVIDER agrees to indemnify, hold harmless and defend (at County's option and request) County, its governing board, officers, employees, and agents, and each of them, from any and all losses, costs, expenses, claims, liabilities, attorneys' fees, actions or damages of any nature whatsoever including, without limitation, liability for injuries or death of any person or persons, or damages to any property, arising in any manner out of or in connection with or incident to or alleged to have arisen in any manner out of or to be connected with or incident to any act, error, or omission, willful, negligent or otherwise, on the part of PROVIDER, its officers, employees, and agents in the performance of services under this Agreement, or in connection with or as a result of this Agreement.
10. INDEPENDENT CONTRACTOR. It is understood that PROVIDER is an independent contractor and is not an employee or agent of County. This Agreement is not intended and shall not be construed in any manner to create an employee-agency or master-servant relationship, nor does this Agreement create a partnership, joint venture, or association between County and PROVIDER. No employee, officer, or agent, as the case may be, of PROVIDER shall have any claim whatsoever against County under this Agreement or



otherwise for compensation or benefits of any kind including, without limitation, vacation, sick leave, retirement, Social Security, Workers' Compensation, unemployment, or disability insurance benefits. It shall be the sole obligation of PROVIDER to withhold the appropriate amounts of federal and State income taxes and Social Security taxes from employee compensation and to provide Workers' Compensation, disability and/or unemployment insurance for its employees as required by law.

11. **INSURANCE.** PROVIDER, in order to protect County and its board members, officials, agents, officers, and employees against all claims and liability for death, injury, loss and damage as a result of PROVIDER's actions in connection with the performance of PROVIDER's obligations, as required in this Agreement, shall secure and maintain insurance as described below. PROVIDER shall not perform any work under this Agreement until PROVIDER has obtained all insurance required under this section and the required certificates of insurance and all required endorsements have been filed with County's authorized insurance representative, Insurance Tracking Services, Inc. ("ITS") via e-mail to COK@instracking.com or fax to (562) 513-5461. Receipt of evidence of insurance that does not comply with all applicable insurance requirements shall not constitute a waiver of the insurance requirements set forth herein. The required documents must be signed by the authorized representative of the insurance company shown on the certificate. Upon request, PROVIDER shall supply proof that such person is an authorized representative thereof, and is authorized to bind the named underwriter(s) and their company to the coverage, limits and termination provisions shown thereon. PROVIDER shall promptly deliver to ITS a certificate of insurance, and all required endorsements, with respect to each renewal policy, as necessary to demonstrate the maintenance of the required insurance coverage for the term specified herein. Such certificates and endorsements shall be delivered to ITS not less than thirty (30) days prior to the expiration date of any policy and bear a notation evidencing payment of the premium thereof if so requested. PROVIDER shall immediately pay any deductibles and self-insured retentions under all required insurance policies upon the submission of any claim by PROVIDER or County as an additional insured.
- A. **Workers' Compensation and Employers Liability Insurance Requirement B:** In the event PROVIDER has employees who may perform any services pursuant to this Agreement, PROVIDER shall submit written proof that PROVIDER is insured against liability for

workers' compensation in accordance with the provisions of section 3700 of the California Labor Code.

PROVIDER shall require any subcontractors to provide workers' compensation for all of the subcontractors' employees, unless the subcontractors' employees are covered by the insurance afforded by PROVIDER. If any class of employees engaged in work or services performed under this Agreement is not covered by California Labor Code section 3700, PROVIDER shall provide and/or require each sub-contractor to provide adequate insurance for the coverage of employees not otherwise covered.

PROVIDER shall also maintain employer's liability insurance with limits of one million dollars (\$1,000,000) for bodily injury or disease.

B. Liability Insurance Requirements:

- (1) PROVIDER shall maintain in full force and effect, at all times during the term of this Agreement, the following insurance:
  - (a) Commercial General Liability Insurance including, but not limited to, Contractual Liability Insurance (specifically concerning the indemnity provisions of this Agreement with the County), Products-Completed Operations Hazard, Personal Injury (including bodily injury and death), and Property Damage for liability arising out of PROVIDER's performance of work under this Agreement. The Commercial General Liability insurance shall contain no exclusions or limitation for independent contractors working on the behalf of the named insured. PROVIDER shall maintain the Products-Completed Operations Hazard coverage for the longest period allowed by law following termination of this Agreement. The amount of said insurance coverage required by this Agreement shall be the policy limits, which shall be at least one million dollars (\$1,000,000) each occurrence and two million dollars (\$2,000,000) aggregate.
  - (b) Automobile Liability Insurance against claims of Personal Injury (including bodily injury and death) and Property Damage covering any vehicle and/or all owned, leased, hired and non-owned vehicles used in the performance of services pursuant to this Agreement with coverage equal to the policy limits, which shall be at least one million dollars (\$1,000,000) each occurrence.

- (c) Professional Liability (Errors and Omissions) Insurance, for liability arising out of, or in connection with, the performance of all required services under this Agreement, with coverage equal to the policy limits, which shall not be less than one million dollars (\$1,000,000) per occurrence and two million dollars (\$2,000,000) aggregate.
  - (2) The Commercial General Liability and Automobile liability Insurance required in this subsection B. shall include an endorsement naming the County and County's board members, officials, officers, agents, and employees as additional insureds for liability arising out of this Agreement and any operations related thereto. Said endorsement shall be provided on ISO form CG 20 10 Edition date 11/85 or such other forms which provide coverage at least equal to or better than form CG 20 10 11 85.
  - (3) Any self-insured retentions in excess of ten thousand dollars (\$10,000) must be declared on the Certificate of Insurance or other documentation provided to County and must be approved by the County Risk Manager.
  - (4) If any of the insurance coverage required under this Agreement is written on a claims-made basis, PROVIDER, at PROVIDER's option, shall either (i) maintain said coverage for at least three (3) years following the termination of this Agreement with coverage extending back to the effective date of this Agreement; (ii) purchase an extended reporting period of not less than three (3) years following the termination of this Agreement; or (iii) acquire a full prior acts provision on any renewal or replacement policy.
- C. Cancellation of Insurance: The above stated insurance coverage required to be maintained by PROVIDER shall be maintained until the completion of all of PROVIDER's obligations under this Agreement except as otherwise indicated herein. Each insurance policy supplied by the PROVIDER must be endorsed to provide that the coverage shall not be suspended, voided, cancelled, or reduced in coverage or in limits except after ten (10) days written notice in the case of non-payment of premiums, or thirty (30) days written notice in all other cases. Such notice shall be by certified mail, return receipt requested. This notice requirement does not waive the insurance requirements stated herein. PROVIDER shall immediately obtain replacement coverage for any insurance policy that is terminated, canceled, non-renewed, or whose policy limits have been exhausted or upon insolvency of the insurer that issued the policy.



- D. All insurance shall be issued by a company or companies admitted to do business in California and listed in the current "Best's Key Rating Guide" publication with a minimum rating of "A-; VII". Any exception to these requirements must be approved by the County Risk Manager.
  - E. If PROVIDER is, or becomes during the term of this Agreement, self-insured or a member of a self-insurance pool, PROVIDER shall provide coverage equivalent to the insurance coverage and endorsements required above. The County will not accept such coverage unless the County determines, in its sole discretion and by written acceptance, that the coverage proposed to be provided by PROVIDER is equivalent to the above-required coverage.
  - F. All insurance afforded by PROVIDER pursuant to this Agreement shall be primary to and not contributing to all insurance or self-insurance maintained by the County. An endorsement shall be provided on all policies, except professional liability/errors and omissions, which shall waive any right of recovery (waiver of subrogation) against the County.
  - G. Insurance coverage in the minimum amounts set forth herein shall not be construed to relieve PROVIDER for any liability, whether within, outside, or in excess of such coverage, and regardless of solvency or insolvency of the insurer that issues the coverage; nor shall it preclude the County from taking such other actions as are available to it under any other provision of this Agreement or otherwise in law.
  - H. Failure by PROVIDER to maintain all such insurance in effect at all times required by this Agreement shall be a material breach of this Agreement by PROVIDER, and County, at its sole option, may terminate this Agreement immediately.
12. NOTICES. Any notice given by either party to the other under this Agreement shall be in writing, served by prepaid certified mail or personally upon the other party, addressed as follows:

TO COUNTY:

Director  
Kern County Public Health Services Dept.  
1800 Mt. Vernon Avenue  
Bakersfield, CA 93306

To PROVIDER:


California City Manager  
California City  
21000 Hacienda Boulevard  
California City, CA 93505

13. NONDISCRIMINATION. Both parties agree to abide by all applicable federal and State laws prohibiting discrimination against any employee, applicant for employment, or patient because of race, color, religion, sex, age, handicap, or place of national origin.
14. PARTIAL INVALIDITY. If any provision in this Agreement is held by a court of competent jurisdiction to be invalid, void, or unenforceable, the remaining provisions shall nevertheless continue in full force without being impaired or invalidated in any way.

The remainder of this page is intentionally left blank.

IN WITNESS WHEREOF, the parties have entered into this AGREEMENT as of the date first hereinabove written.

COUNTY:  
COUNTY OF KERN

By   
Mike Maggard, Chairman,  
Board of Supervisors

PROVIDER:  
CITY OF CALIFORNIA CITY

By   
Tom Weil, City Manager

APPROVED AS TO CONTENT:  
EMERGENCY MEDICAL SERVICES  
DIVISION

By   
Matthew Constantine, Director

APPROVED AS TO FORM:  
OFFICE OF COUNTY COUNSEL

By   
Gurujodha Khalsa, Deputy



**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**A. SYSTEM ORGANIZATION AND MANAGEMENT**

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short- range plan	Long-range plan
<b>Agency Administration:</b>					
1.01 LEMSA Structure		X			
1.02 LEMSA Mission		X			
1.03 Public Input		X			
1.04 Medical Director		X	X		
<b>Planning Activities:</b>					
1.05 System Plan		X			
1.06 Annual Plan Update		X			
1.07 Trauma Planning*		X	X		
1.08 ALS Planning*		X			
1.09 Inventory of Resources		X			
1.10 Special Populations		X	X		
1.11 System Participants		X	X		
<b>Regulatory Activities:</b>					
1.12 Review & Monitoring		X			
1.13 Coordination		X			
1.14 Policy & Procedures Manual		X			
1.15 Compliance w/Policies		X			
<b>System Finances:</b>					
1.16 Funding Mechanism		X			
<b>Medical Direction:</b>					
1.17 Medical Direction*		X			
1.18 QA/QI		X	X		
1.19 Policies, Procedures, Protocols		X	X		

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**A. SYSTEM ORGANIZATION AND MANAGEMENT (continued)**

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
1.20 DNR Policy		X			
1.21 Determination of Death		X			
1.22 Reporting of Abuse		X			
1.23 Interfacility Transfer		X			
<b>Enhanced Level: Advanced Life Support</b>					
1.24 ALS Systems		X	X		
1.25 On-Line Medical Direction		X	X		
<b>Enhanced Level: Trauma Care System:</b>					
1.26 Trauma System Plan		X			
<b>Enhanced Level: Pediatric Emergency Medical and Critical Care System:</b>					
1.27 Pediatric System Plan		X			
<b>Enhanced Level: Exclusive Operating Areas:</b>					
1.28 EOA Plan		X			

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**B. STAFFING/TRAINING**

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Local EMS Agency:</b>						
2.01	Assessment of Needs		X			
2.02	Approval of Training		X			
2.03	Personnel		X			
<b>Dispatchers:</b>						
2.04	Dispatch Training		X	X		
<b>First Responders (non-transporting):</b>						
2.05	First Responder Training		X	X		
2.06	Response		X			
2.07	Medical Control		X			
<b>Transporting Personnel:</b>						
2.08	EMT-I Training		X	X		
<b>Hospital:</b>						
2.09	CPR Training		X			
2.10	Advanced Life Support		X			
<b>Enhanced Level: Advanced Life Support:</b>						
2.11	Accreditation Process		X			
2.12	Early Defibrillation		X			
2.13	Base Hospital Personnel		X			



**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**C. COMMUNICATIONS**

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short- range plan	Long- range plan
<b>Communications Equipment:</b>						
3.01	Communication Plan*		X	X		
3.02	Radios		X	X		
3.03	Interfacility Transfer*		X			
3.04	Dispatch Center		X			
3.05	Hospitals		X	X		
3.06	MCI/Disasters		X			
<b>Public Access:</b>						
3.07	9-1-1 Planning/ Coordination		X	X		
3.08	9-1-1 Public Education		X			
<b>Resource Management:</b>						
3.09	Dispatch Triage		X	X		
3.10	Integrated Dispatch		X	X		

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**D. RESPONSE/TRANSPORTATION**

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Universal Level:</b>					
4.01 Service Area Boundaries*		X	X		
4.02 Monitoring		X	X		
4.03 Classifying Medical Requests		X			
4.04 Prescheduled Responses		X			
4.05 Response Time*		X	X		
4.06 Staffing		X			
4.07 First Responder Agencies		X			
4.08 Medical & Rescue Aircraft*		X			
4.09 Air Dispatch Center		X			
4.10 Aircraft Availability*	X			X	
4.11 Specialty Vehicles*		X	X		
4.12 Disaster Response		X			
4.13 Intercounty Response*		X			
4.14 Incident Command System		X			
4.15 MCI Plans		X			
<b>Enhanced Level: Advanced Life Support:</b>					
4.16 ALS Staffing		X	X		
4.17 ALS Equipment		X			
<b>Enhanced Level: Ambulance Regulation:</b>					
4.18 Compliance		X			
<b>Enhanced Level: Exclusive Operating Permits:</b>					
4.19 Transportation Plan		X			
4.20 "Grandfathering"		X			
4.21 Compliance		X			
4.22 Evaluation		X			

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**E. FACILITIES/CRITICAL CARE**

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Universal Level:</b>						
5.01	Assessment of Capabilities		X	X		
5.02	Triage & Transfer Protocols*		X			
5.03	Transfer Guidelines*		X			
5.04	Specialty Care Facilities*		X			
5.05	Mass Casualty Management		X	X		
5.06	Hospital Evacuation*		X			
<b>Enhanced Level: Advanced Life Support:</b>						
5.07	Base Hospital Designation*		X			
<b>Enhanced Level: Trauma Care System:</b>						
5.08	Trauma System Design		X			
5.09	Public Input		X			
<b>Enhanced Level: Pediatric Emergency Medical and Critical Care System:</b>						
5.10	Pediatric System Design		X			
5.11	Emergency Departments		X	X		
5.12	Public Input		X			
<b>Enhanced Level: Other Specialty Care Systems:</b>						
5.13	Specialty System Design		X			
5.14	Public Input		X			



**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**F. DATA COLLECTION/SYSTEM EVALUATION**

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Universal Level:</b>						
6.01	QA/QI Program		X	X		
6.02	Prehospital Records		X			
6.03	Prehospital Care Audits		X	X		
6.04	Medical Dispatch		X			
6.05	Data Management System*		X			
6.06	System Design Evaluation		X			
6.07	Provider Participation		X			
6.08	Reporting		X			
<b>Enhanced Level: Advanced Life Support:</b>						
6.09	ALS Audit		X			
<b>Enhanced Level: Trauma Care System:</b>						
6.10	Trauma System Evaluation		X			
6.11	Trauma Center Data		X	X		

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**G. PUBLIC INFORMATION AND EDUCATION**

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Universal Level:</b>						
7.01	Public Information Materials		X			
7.02	Injury Control		X			
7.03	Disaster Preparedness		X			
7.04	First Aid & CPR Training		X			

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**H. DISASTER MEDICAL RESPONSE**

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short- range plan	Long-range plan
<b>Universal Level:</b>						
8.01	Disaster Medical Planning*		X			
8.02	Response Plans		X	X		
8.03	HazMat Training		X			
8.04	Incident Command System		X	X		
8.05	Distribution of Casualties*		X	X		
8.06	Needs Assessment		X	X		
8.07	Disaster Communications*		X			
8.08	Inventory of Resources		X	X		
8.09	DMAT Teams		X	X		
8.10	Mutual Aid Agreements*		X			
8.11	CCP Designation*		X			
8.12	Establishment of CCPs		X			
8.13	Disaster Medical Training		X	X		
8.14	Hospital Plans		X	X		
8.15	Interhospital Communications		X			
8.16	Prehospital Agency Plans		X	X		
<b>Enhanced Level: Advanced Life Support:</b>						
8.17	ALS Policies		X			
<b>Enhanced Level: Specialty Care Systems:</b>						
8.18	Specialty Center Roles		X			
<b>Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:</b>						
8.19	Waiving Exclusivity		X			



# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.01 LEMSA STRUCTURE

---

#### MINIMUM STANDARDS:

Each local EMS agency shall have a formal organization structure which includes both agency staff and non-agency resources and which includes appropriate technical and clinical expertise.

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: MEETS MINIMUM STADARDS

In Kern County the Board of Supervisors designated the EMS Department as the Local EMS Agency. The Kern County Ambulance Ordinance, which governs the majority of the prehospital system in the County, was adopted by the Board of Supervisors in November 1990, and became effective on February 28, 1991. As a result of this ordinance and the subsequent regulations, the EMS System in Kern County became more structured and included, for the first time, measurable standards for the response of paramedic level of care to the citizens of Kern County during an emergency.

EMS includes:

- Public safety dispatch
- Fire services first response and treatment
- Private ground and air ambulance response, treatment and transport
- Law enforcement agencies
- Hospitals and specialty care centers
- Training institutions and programs for EMS personnel
- Managed care organizations
- Preventative health care
- Citizen and medical advisory groups

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.02 LEMSA MISSION

---

#### MINIMUM STANDARDS:

Each local EMS agency shall plan, implement, and evaluate the EMS system. The agency shall use its quality assurance/quality improvement (QA/QI) and evaluation processes to identify system changes.

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: MEETS MINIMUM STANDARDS

KERN COUNTY HAS A ROBUST QA/QI PROGRAM FOR THE EVALUATION OF OUR SYSTEM. WE HAVE QUARTERLY QI MEETINGS, SYSTEM COLLABORATIVE MEETINGS, SPECIALTY DESIGNATION REVIEWS AND EPCR REVIEWS ALL DESIGNED TO IMPROVE OUR SYSTME.

Our EMS QI Plan is included in this document.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

## **SYSTEM ASSESSMENT FORMS**

### **SYSTEM ORGANIZATION AND MANAGEMENT**

#### **1.03 PUBLIC INPUT**

---

##### **MINIMUM STANDARDS:**

Each local EMS agency shall have a mechanism (including EMCCs and other sources) to seek and obtain appropriate consumer and health care provider input regarding the development of plans, policies and procedures, as described in the State EMS Authority's EMS Systems Standards and Guidelines.

##### **RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** MEETS MINIMUM STANDARDS

**THE EMERGENCY CARE ADVISORY BOARD – A SUB COMMITTEE OF THE BOARD OF SUPERVISORS - MEETS QUARTERLY  
ADDITIONALLY, WE HAVE SYSTEM COLLABORATIVE MEETINGS EVERY OTHER MONTH**

**NEED(S):**

**OBJECTIVE:**

##### **TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)



# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.04 MEDICAL DIRECTOR

---

#### MINIMUM STANDARDS:

Each local EMS agency shall appoint a medical director who is a licensed physician who has substantial experience in the practice of emergency medicine.

#### RECOMMENDED GUIDELINES:

The local EMS agency medical director should have administrative experience in emergency medical services systems.

Each local EMS agency medical director should establish clinical specialty advisory groups composed of physicians with appropriate specialties and non-physician providers (including nurses and pre-hospital providers), and/or should appoint medical consultants with expertise in trauma care, pediatrics, and other areas, as needed.

#### CURRENT STATUS: MEETS MINIMUM STANDARD

DR. KRISTOPHER LYON. (BOARD CERTIFIED IN EMERGENCY MEDICINE). EMERGENCY ROOM PHYSICIAN UNDER CONTRACT WITH KERN COUNTY.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.05 SYSTEM PLAN

---

#### MINIMUM STANDARDS:

Each local EMS agency shall develop an EMS System Plan, based on community need and utilization of appropriate resources, and shall submit it to the EMS Authority.

The plan shall:

- assess how the current system meets these guidelines,
- identify system needs for patients within each of the targeted clinical categories (as identified in Section II), and
- provide a methodology and time-line for meeting these needs.

#### RECOMMENDED GUIDELINES:

None.

**CURRENT STATUS:** MEETS MINIMUM STANDARD

PLEASE SEE INFORMATION INCLUDED IN THIS PLAN.

**NEED(S):**

#### OBJECTIVE

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

## **SYSTEM ASSESSMENT FORMS**

### **SYSTEM ORGANIZATION AND MANAGEMENT**

#### **1.06 ANNUAL PLAN UPDATE**

---

##### **MINIMUM STANDARDS:**

Each local EMS agency shall develop an annual update to its EMS System Plan and shall submit it to the EMS Authority. The update shall identify progress made in plan implementation and changes to the planned system design.

##### **RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** MEETS MINIMUM STANDARD

PLEASE SEE THE INFORMATION IN THIS PLAN

**NEED(S):**

**OBJECTIVE:**

##### **TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)



## **SYSTEM ASSESSMENT FORMS**

### **SYSTEM ORGANIZATION AND MANAGEMENT**

#### **1.07 TRAUMA PLANNING**

---

##### **MINIMUM STANDARDS:**

The local EMS agency shall plan for trauma care and shall determine the optimal system design for trauma care in its jurisdiction.

##### **RECOMMENDED GUIDELINES:**

The local EMS agency should designate appropriate facilities or execute agreements with trauma facilities in other jurisdictions.

##### **CURRENT STATUS:** MEETS MINIMUM STANDARD

KERN COUNTY HAS ONE LEVEL II TRAUMA CENTER, KERN MEDICAL, AND ONE LEVEL IV TRAUMA CENTER, RIDGECREST REGIONAL HOSPITAL. KERN HAS TRAUMA POLICIES AND PROCEDURES IN PLACE. [https://kernpublichealth.com/wp-content/uploads/2019/10/TraumaPoliciesandProcedures\\_07012015.pdf](https://kernpublichealth.com/wp-content/uploads/2019/10/TraumaPoliciesandProcedures_07012015.pdf)

##### **COORDINATION WITH OTHER EMS AGENCIES:**

KERN COUNTY PARTICIPATES IN REGIONAL TRAUMA COMMITTEES.

##### **NEED(S):**

##### **OBJECTIVE:**

##### **TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

## **SYSTEM ASSESSMENT FORMS**

### **SYSTEM ORGANIZATION AND MANAGEMENT**

#### **1.08 ALS PLANNING**

---

##### **MINIMUM STANDARDS:**

Each local EMS agency shall plan for eventual provision of advanced life support services throughout its jurisdiction.

##### **RECOMMENDED GUIDELINES:**

None.

##### **CURRENT STATUS: MEETS MINIMUM STANDARD**

COUNTY WIDE AMBULANCE COVERAGE WITH ALS PROVIDERS IN 100% OF THE COUNTY THROUGH PROVIDER CONTRACTS AND EXCLUSIVE OPERATIONAL AREAS. KERN ALSO UTILIZES THE AMBULANCE SERVICE PERFORMANCE STANDARDS AS WELL AS THE AMBULANCE ORDINANCE TO MANDATE ALS USE.

##### **COORDINATION WITH OTHER EMS AGENCIES:**

KERN COUNTY ROUTINELY PROVIDES SERVICES IN NEIGHBORING COUNTIES SUCH AS TULARE, SAN BERNARDINO, AND LOS ANGELES.

##### **NEED(S):**

##### **OBJECTIVE:**

##### **TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

## **SYSTEM ASSESSMENT FORMS**

### **SYSTEM ORGANIZATION AND MANAGEMENT**

#### **1.09 INVENTORY OF RESOURCES**

---

##### **MINIMUM STANDARDS:**

Each local EMS agency shall develop a detailed inventory of EMS resources (e.g., personnel, vehicles, and facilities) within its area and, at least annually, shall update this inventory.

##### **RECOMMENDED GUIDELINES:**

None.

##### **CURRENT STATUS:** MEETS MINIMUM STANDARD

REQUIRED ANNUAL REPORTING. THE AMBULANCE PERFORMANCE STANDARDS MANDATE AN ANNUAL REPORTING OF ALL RESOURCES. THESE INCLUDE PERSONNEL, VEHICLES, EQUIPMENT, AND FACILITIES. KERN COUNTY EMS SUBMITS THESE ANNUAL REPORTS TO BOTH EMCAB AND THE BOARD OF SUPERVISORS.

##### **NEED(S):**

##### **OBJECTIVE:**

##### **TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)



# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.10 SPECIAL POPULATIONS

---

#### MINIMUM STANDARDS:

Each local EMS agency shall identify population groups served by the EMS system which require specialized services (e.g., elderly, handicapped, children, non-English speakers).

#### RECOMMENDED GUIDELINES:

Each local EMS agency should develop services, as appropriate, for special population groups served by the EMS system which require specialized services (e.g., elderly, handicapped, children, non-English speakers).

#### CURRENT STATUS: MEETS MINIMUM STANDARD

KERN COUNTY EMS WORKS WITH OUR EOC AND DISASTER MEDICAL PLANNING. ADDITIONALLY, EMS MANAGES BOTH THE HEALTH CARE COALITION AND THE MRC SYSTEM. WE HAVE IMPLEMENTED A PEDIATRIC SYSTEM OF CARE AND WORK WITH LOCAL HOSPITALS TO PROVIDE PUBLIC EDUCATION AND OUTREACH.

NEED(S):

OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.11 SYSTEM PARTICIPANTS

---

**MINIMUM STANDARDS:**

Each local EMS agency shall identify the optimal roles and responsibilities of system participants.

**RECOMMENDED GUIDELINES:**

Each local EMS agency should ensure that system participants conform with their assigned EMS system roles and responsibilities, through mechanisms such as written agreements, facility designations, and exclusive operating areas.

**CURRENT STATUS:** MEETS MINIMUM STANDARD

ALL PROVIDERS OPERATING WITHIN THE COUNTY OF KERN ARE APPROVED THROUGH AGREEMENTS. WE CURRENTLY HAVE 6 EXCLUSIVE OPERATING AREAS UNDER AGREEMENT AND 3 NON-EXCLUSIVE OPERATING AREAS WITH PROVIDERS UNDER AGREEMENT.

**NEED(S):****OBJECTIVE:****TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

## **SYSTEM ASSESSMENT FORMS**

### **SYSTEM ORGANIZATION AND MANAGEMENT**

#### **1.12 REVIEW AND MONITORING**

---

##### **MINIMUM STANDARDS:**

Each local EMS agency shall provide for review and monitoring of EMS system operations.

##### **RECOMMENDED GUIDELINES:**

None.

##### **CURRENT STATUS: MEETS MINIMUM STANDARD**

ALL GROUND AMBULANCE PROVIDERS SUBMIT MONTHLY COMPLIANCE REPORTS TO EMS. THESE REPORTS ARE PROCESSED FOR DETERMINATION OF COMPLIANCE WITH ALL AGREEMENTS WITH THE COUNTY. ADDITIONALLY, EMS COMPLETES EPCR REVIEWS MONTHLY TO DETERMIN COMPLIANCE WITH POLICIES, PROCEDURES AND PROTOCOLS.

##### **NEED(S):**

##### **OBJECTIVE:**

##### **TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)



## SYSTEM ASSESSMENT FORMS

### SYSTEM ORGANIZATION AND MANAGEMENT

#### 1.13 COORDINATION

---

**MINIMUM STANDARDS:**

Each local EMS agency shall coordinate EMS system operations.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** MEETS MINIMUM STANDARD

KERN COUNTY EMS COORDINATES OUR SYSTEM THROUGH OUR POLICIES, PROCEDURES AND PROTOCOLS THAT ARE REVIEWED AND UPDATED REGULARY. OUR STAFF MONITOR RADIO FREQUENCIES DAILY TO ASSURE THE SYSTEM IS RUNNING PROPERLY. WE HAVE AN ON-CALL PROGRAM THAT ASSURES THAT SOMEONE IS AVAILABLE 24/7.

**NEED(S):**

**OBJECTIVE:**

**TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### SYSTEM ORGANIZATION AND MANAGEMENT

#### 1.14 POLICY & PROCEDURES MANUAL

---

**MINIMUM STANDARDS:**

Each local EMS agency shall develop a policy and procedures manual that includes all EMS agency policies and procedures. The agency shall ensure that the manual is available to all EMS system providers (including public safety agencies, ambulance services, and hospitals) within the system.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** MEETS MINIMUM STANDARD

KERN COUNTIES POLICIES, PROCEDURES AND PROTOCOLS ARE AVAILABLE AT: <https://kernpublichealth.com/ems-policies/>

**NEED(S):****OBJECTIVE:****TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

## **SYSTEM ASSESSMENT FORMS**

### **SYSTEM ORGANIZATION AND MANAGEMENT**

#### **1.15 COMPLIANCE WITH POLICIES**

---

##### **MINIMUM STANDARDS:**

Each local EMS agency shall have a mechanism to review, monitor, and enforce compliance with system policies.

##### **RECOMMENDED GUIDELINES:**

None.

##### **CURRENT STATUS:** MEETS MINIMUM STANDARD

KERN COUNTY EMS MONITORS OUR SYSTEM THROUGH MONITORING RADIO FREQUENCIES, MONTHLY COMPLIANCE DATA REPORTING, ON CALL PERSONNEL, REVIEWING EPCR'S, AND INVESTIGATION OF COMPLAINTS,.

##### **NEED(S):**

##### **OBJECTIVE:**

##### **TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)



## **SYSTEM ASSESSMENT FORMS**

### **SYSTEM ORGANIZATION AND MANAGEMENT**

#### **1.16 FUNDING MECHANISM**

---

##### **MINIMUM STANDARDS:**

Each local EMS agency shall have a funding mechanism, which is sufficient to ensure its continued operation and shall maximize use of its Emergency Medical Services Fund.

##### **RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** MEETS MINIMUM STANDARD

**KERN COUNTY EMS USES THE EMS FUND, CERTIFICATION/ACCREDITATION FEES, PROVIDER FEES, AND FACILITY FEES IN ORDER TO PROVIDE SUFFICIENT FUNDING. SEE TABLE 2**

**OBJECTIVE:**

##### **TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

## **SYSTEM ASSESSMENT FORMS**

### **SYSTEM ORGANIZATION AND MANAGEMENT**

#### **1.17 MEDICAL DIRECTION**

---

##### **MINIMUM STANDARDS:**

Each local EMS agency shall plan for medical direction within the EMS system. The plan shall identify the optimal number and role of base hospitals and alternative base stations and the roles, responsibilities, and relationships of pre-hospital and hospital providers.

##### **RECOMMENDED GUIDELINES:**

None.

##### **CURRENT STATUS:** MEETS MINIMUM STANDARD

Medical direction is provided by the EMS Agency Medical Director and through a well delineated system of on-line medical direction through the 8 base hospitals (All of which are specialty care centers) via liaison physicians and MICN's: Qi activities are activated by ;both ALS providers and base hospitals. Base hospital physicians, MICN's and first responders are all represented on the EMS Agency QI and Clinical Advisory committees. The EMS Agency Medical Director is a contributing member of EMDAAC.

##### **COORDINATION WITH OTHER EMS AGENCIES:**

##### **NEED(S):**

##### **OBJECTIVE:**

##### **TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

## **SYSTEM ASSESSMENT FORMS**

### **SYSTEM ORGANIZATION AND MANAGEMENT**

#### **1.18 QA/QI**

---

##### **MINIMUM STANDARDS:**

Each local EMS agency shall establish a quality assurance/quality improvement (QA/QI) program. This may include use of provider-based programs which are approved by the local EMS agency and which are coordinated with other system participants.

##### **RECOMMENDED GUIDELINES:**

Pre-hospital care providers should be encouraged to establish in-house procedures, which identify methods of improving the quality of care provided.

##### **CURRENT STATUS:** MEETS MINIMUM STANDARD

The EMS Agency has existing policies to assist providers to develop and implement QI programs. The EMS Agency works with providers to review system performance, and resolve issues identified through the QI process by training and discussion. See attached EQUIP.

##### **NEED(S):**

##### **OBJECTIVE:**

##### **TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)



# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.19 POLICIES, PROCEDURES, PROTOCOLS

---

#### MINIMUM STANDARDS:

Each local EMS agency shall develop written policies, procedures, and/or protocols including, but not limited to:

- triage,
- treatment,
- medical dispatch protocols,
- transport,
- on-scene treatment times,
- transfer of emergency patients,
- standing orders,
- base hospital contact,
- on-scene physicians and other medical personnel, and
- local scope of practice for pre-hospital personnel.

#### RECOMMENDED GUIDELINES:

Each local EMS agency should develop (or encourage the development of) pre-arrival/post dispatch instructions.

#### CURRENT STATUS: MEETS MINIMUM STANDARD

The EMS Agency maintains policies and procedures for EMS operations. Through continuous communication with providers and advisory committees, the EMS Agency is responsive to the revision and development of policies and procedures for prehospital care. All information is posted to the Kern County EMS Website located at: <https://kernpublichealth.com/ems-policies/>

Kern County EMS has a county-wide Emergency Medical Dispatch system that is split between the Emergency Communications Center (ECC) and Operation Control Dispatch (OCD). Between these two dispatch centers all fire, ground ambulance and air ambulance services are dispatched.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### SYSTEM ORGANIZATION AND MANAGEMENT

#### 1.20 DNR POLICY

---

**MINIMUM STANDARDS:**

Each local EMS agency shall have a policy regarding "Do Not Resuscitate (DNR)" situations in the pre-hospital setting, in accordance with the EMS Authority's DNR guidelines.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** MEETS MINIMUM STANDARD

Kern County has developed a Withholding Resuscitation Measures Policy, located at: [http://kernpublichealth.com/wp-content/uploads/2014/09/WithholdResuscMeas\\_01012017.pdf](http://kernpublichealth.com/wp-content/uploads/2014/09/WithholdResuscMeas_01012017.pdf)

**NEED(S):****OBJECTIVE:****TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.21 DETERMINATION OF DEATH

---

**MINIMUM STANDARDS:**

Each local EMS agency, in conjunction with the county coroner(s) shall develop a policy regarding determination of death, including deaths at the scene of apparent crimes.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** MEETS MINIMUM STANDARD

Kern County EMS has developed a Determination of Death protocol located at: [https://kernpublichealth.com/wp-content/uploads/2019/10/ParamedicProtocols\\_10\\_25\\_19.pdf](https://kernpublichealth.com/wp-content/uploads/2019/10/ParamedicProtocols_10_25_19.pdf)

Page 13, Protocol #107.

**NEED(S):****OBJECTIVE:****TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)



## SYSTEM ASSESSMENT FORMS

### SYSTEM ORGANIZATION AND MANAGEMENT

#### 1.22 REPORTING OF ABUSE

---

**MINIMUM STANDARDS:**

Each local EMS agency shall ensure that providers have a mechanism for reporting child abuse, elder abuse, and suspected SIDS deaths.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** MEETS MINIMUM STANDARD

All providers are required to comply with existing state law and are trained as such.

**NEED(S):**

**OBJECTIVE:**

**TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### SYSTEM ORGANIZATION AND MANAGEMENT

#### 1.23 INTERFACILITY TRANSFER

---

**MINIMUM STANDARDS:**

The local EMS medical director shall establish policies and protocols for scope of practice of pre-hospital medical personnel during interfacility transfers.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** MEETS MINIMUM STANDARD

Paramedic Protocols: [https://kernpublichealth.com/wp-content/uploads/2019/10/ParamedicProtocols\\_10\\_25\\_19.pdf](https://kernpublichealth.com/wp-content/uploads/2019/10/ParamedicProtocols_10_25_19.pdf)

EMT Protocols: [https://kernpublichealth.com/wp-content/uploads/EMTProtocols\\_01262018\\_ni\\_lyon-approved\\_CPAP.pdf](https://kernpublichealth.com/wp-content/uploads/EMTProtocols_01262018_ni_lyon-approved_CPAP.pdf)

**NEED(S):****OBJECTIVE:****TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

## **SYSTEM ASSESSMENT FORMS**

### **SYSTEM ORGANIZATION AND MANAGEMENT**

#### **1.24 ALS SYSTEMS**

---

##### **MINIMUM STANDARDS:**

Advanced life support services shall be provided only as an approved part of a local EMS system and all ALS providers shall have written agreements with the local EMS agency.

##### **RECOMMENDED GUIDELINES:**

Each local EMS agency, based on state approval, should, when appropriate, develop exclusive operating areas for ALS providers.

##### **CURRENT STATUS: MEETS MINIMUM STANDARD**

Within Kern County we have three ground ambulance services that provide ALS services under written agreements. Additionally, we have three fire departments, operating under first responder policies, that are staffed as follows:

Kern County Fire – Primarily BLS with assessment ALS engines in Pine Mountain Club and Buttonwillow as well as an ALS squad operating intermittently for ALS training.

Bakersfield City Fire – Primarily BLS with an ALS assessment engine at station 15.

and

California City Fire – All ALS assessment/non transport

##### **NEED(S):**

##### **OBJECTIVE:**

##### **TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)



## **SYSTEM ASSESSMENT FORMS**

### **SYSTEM ORGANIZATION AND MANAGEMENT**

#### **1.25 ON-LINE MEDICAL DIRECTION**

---

##### **MINIMUM STANDARDS:**

Each EMS system shall have on-line medical direction, provided by a base hospital (or alternative base station) physician or authorized registered nurse/mobile intensive care nurse.

##### **RECOMMENDED GUIDELINES:**

Each EMS system should develop a medical control plan that determines:

- the base hospital configuration for the system,
- the process for selecting base hospitals, including a process for designation which allows all eligible facilities to apply, and
- the process for determining the need for in-house medical direction for provider agencies.

##### **CURRENT STATUS: MEETS MINIMUM STANDARD**

Kern County EMS policies exist for determination of both base hospital and specialty care center destination. Ground transport providers will transport to the closest, most appropriate, facility. Kern County EMS provides policies and procedures to field providers which include standing orders. The field providers also have the ability to contact the base hospital physician for additional direction. MICN designation is required and provided by Kern County EMS, and MICN's serve as the field provider liaison with the base hospital and the physicians.

##### **NEED(S):**

##### **OBJECTIVE:**

##### **TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

## **SYSTEM ASSESSMENT FORMS**

### **SYSTEM ORGANIZATION AND MANAGEMENT**

#### **1.26 TRAUMA SYSTEM PLAN**

---

##### **MINIMUM STANDARDS:**

The local EMS agency shall develop a trauma care system plan, based on community needs and utilization of appropriate resources, which determines:

- the optimal system design for trauma care in the EMS area, and
- the process for assigning roles to system participants, including a process which allows all eligible facilities to apply.

##### **RECOMMENDED GUIDELINES:**

None.

##### **CURRENT STATUS: MEETS MINIMUM STANDARD**

Kern County EMS maintains an active Trauma Advisory Committee (TEC) inclusive of Trauma Center hospital and non-Trauma Center hospitals. Policies are in place for a hospital to pursue a designation.

##### **NEED(S):**

##### **OBJECTIVE:**

##### **TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.27 PEDIATRIC SYSTEM PLAN

---

#### MINIMUM STANDARDS:

The local EMS agency shall develop a pediatric emergency medical and critical care system plan, based on community needs and utilization of appropriate resources, which determines:

- the optimal system design for pediatric emergency medical and critical care in the EMS area, and
- the process for assigning roles to system participants, including a process which allows all eligible facilities to apply.

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: MEETS MINIMUM STANDARD

Kern County EMS has developed a robust Pediatric System of Care. It includes 2 advanced pediatric receiving centers, 2 general receiving centers and 1 basic receiving center. We have obtained multiple transfer agreements with out of county comprehensive pediatric receiving centers including Valley Children's, Los Angeles Children's, USC and Loma Linda. In addition, we have the pediatric advisory committee that meets quarterly to review the system and assure proper quality of patient care and system operations.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)



## **SYSTEM ASSESSMENT FORMS**

### **SYSTEM ORGANIZATION AND MANAGEMENT**

#### **1.28 EOA PLAN**

---

##### **MINIMUM STANDARDS:**

The local EMS agency shall develop and submit for State approval, a plan, based on community needs and utilization of appropriate resources, for granting of exclusive operating areas, that determines: a) the optimal system design for ambulance service and advanced life support services in the EMS area, and b) the process for assigning roles to system participants, including a competitive process for implementation of exclusive operating areas.

##### **RECOMMENDED GUIDELINES:**

None.

##### **CURRENT STATUS: MEETS MINIMUM STANDARD**

Kern County EMS currently has 6 EOA agreements in place with three transport providers. These 6 EOA's were "grandfathered", thereby not requiring a competitive bid process. A Request for Proposal has been initiated and is currently open for EOA's 1, 7, and 11. Expected completion of the process is April 2020.

##### **NEED(S):**

##### **OBJECTIVE:**

##### **TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## STAFFING/TRAINING

### 2.01 ASSESSMENT OF NEEDS

---

#### MINIMUM STANDARDS:

The local EMS agency shall routinely assess personnel and training needs.

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: MEETS MINIMUM STANDARD

Personnel and training needs are assessed by Kern County EMS through various committees (QI, System Collaborative, Tec, STEMI, Stroke, and Pac) and through feedback from base hospital physicians, MICNs and provider agencies. The Kern County EMS conducts and coordinates provider training for new or revised policies and procedures, as well as Advanced Protocol Review (APR) for all paramedics on a regular basis; a requirement for accreditation/reaccreditation. All initial paramedic accreditations as well as paramedic recert's are required to pass an accreditation test with an 80% or better. All paramedics wanting to obtain a Paramedic Preceptor accreditation must pass the accreditation test with a 90% or higher.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# **SYSTEM ASSESSMENT FORMS**

## **STAFFING/TRAINING**

### **2.02 APPROVAL OF TRAINING**

---

#### **MINIMUM STANDARDS:**

The EMS Authority and/or local EMS agencies shall have a mechanism to approve EMS education programs that require approval (according to regulations) and shall monitor them to ensure that they comply with state regulations.

#### **RECOMMENDED GUIDELINES:**

None.

#### **CURRENT STATUS: MEETS MINIMUM STANDARD**

Kern County EMS complies with State regulations regarding the approval and monitoring of EMS education programs: These approved programs include EMT and Paramedic curriculum provided by a local community colleges. Kern County EMS provides an in-house authorization of MICN's.

#### **NEED(S):**

#### **OBJECTIVE:**

#### **TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## STAFFING/TRAINING

### 2.03 PERSONNEL

---

#### MINIMUM STANDARDS:

The local EMS agency shall have mechanisms to accredit, authorize, and certify pre-hospital medical personnel and conduct certification reviews, in accordance with state regulations. This shall include a process for pre-hospital providers to identify and notify the local EMS agency of unusual occurrences that could impact EMS personnel certification.

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: MEETS MINIMUM STANDARD

Kern County EMS maintains policies and procedures to satisfy this requirement.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)



# SYSTEM ASSESSMENT FORMS

## STAFFING/TRAINING

### 2.04 DISPATCH TRAINING

---

#### MINIMUM STANDARDS:

Public safety answering point (PSAP) operators with medical responsibility shall have emergency medical orientation and all medical dispatch personnel (both public and private) shall receive emergency medical dispatch training in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines.

#### RECOMMENDED GUIDELINES:

Public safety answering point (PSAP) operators with medical dispatch responsibilities and all medical dispatch personnel (both public and private) should be trained and tested in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines.

#### CURRENT STATUS: MEETS MINIMUM STANDARD

Kern County EMS currently has 2 PSAP's that fall under the Medical Responsibility Operator definition. Dispatch staff from both Emergency Communications Center (ECC) and Operations Control Dispatch (OCD) are mandated to carry a certification from the International Academies of Emergency Dispatch. Both dispatch agencies have attained Accredited Centers of Excellence (ACE) accreditation.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## STAFFING/TRAINING

### 2.05 FIRST RESPONDER TRAINING

---

#### MINIMUM STANDARDS:

At least one person on each non-transporting EMS first response unit shall have been trained to administer first aid and CPR within the previous three years.

#### RECOMMENDED GUIDELINES:

At least one person on each non-transporting EMS first response unit should be currently certified to provide defibrillation and have available equipment commensurate with such scope of practice, when such a program is justified by the response times for other ALS providers.

At least one person on each non-transporting EMS first response unit should be currently certified at the EMT level and have available equipment commensurate with such scope of practice.

#### CURRENT STATUS: MEETS MINIMUM STANDARD

All persons on each non-transporting EMS first response unit are required to be EMT level certified. Policies are in place to assure this level of certification is maintained.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### STAFFING/TRAINING

#### 2.06 RESPONSE

---

**MINIMUM STANDARDS:**

Public safety agencies and industrial first aid teams shall be encouraged to respond to medical emergencies and shall be utilized in accordance with local EMS agency policies.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** MEETS MINIMUM STANDARD

Kern County EMS has implemented a Public Safety First Aid program. Kern County Sheriff is our largest Public Safety First Aid responder providing AED, CPR and Narcan administration. We have agreements with several industrial agencies to provide First Aid and EMT services throughout the county.

**NEED(S):****OBJECTIVE:****TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### STAFFING/TRAINING

#### 2.07 MEDICAL CONTROL

---

**MINIMUM STANDARDS:**

Non-transporting EMS first responders shall operate under medical direction policies, as specified by the local EMS agency medical director.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** MEETS MINIMUM STANDARD

All first response policies as well as first response agreements mandate medical control to the medical director.

**NEED(S):****OBJECTIVE:****TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)



## SYSTEM ASSESSMENT FORMS

### STAFFING/TRAINING

#### 2.08 EMT-I TRAINING

---

##### MINIMUM STANDARDS:

All emergency medical transport vehicle personnel shall be currently certified at least at the EMT-I level.

##### RECOMMENDED GUIDELINES:

If advanced life support personnel are not available, at least one person on each emergency medical transport vehicle should be trained to provide defibrillation.

##### CURRENT STATUS: MEETS MINIMUM STANDARD

All emergency medical transport vehicle personnel are mandated to be EMT level at minimum. All transport vehicles are equipped with AED's and the personnel are trained in its use.

##### NEED(S):

##### OBJECTIVE:

##### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### STAFFING/TRAINING

#### 2.09 CPR TRAINING

---

**MINIMUM STANDARDS:**

All allied health personnel who provide direct emergency patient care shall be trained in CPR.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** MEETS MINIMUM STANDARD

Kern County EMS mandates all EMTs and Paramedics maintain current CPR cards as part of our local accreditation policy.

<https://kernpublichealth.com/ems-certification/>

**NEED(S):****OBJECTIVE:****TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### STAFFING/TRAINING

#### 2.10 ADVANCED LIFE SUPPORT

---

**MINIMUM STANDARDS:**

All emergency department physicians and registered nurses that provide direct emergency patient care shall be trained in advanced life support.

**RECOMMENDED GUIDELINES:**

All emergency department physicians should be certified by the American Board of Emergency Medicine.

**CURRENT STATUS:** MEETS MINIMUM STANDARD

Current agreements with all receiving emergency rooms/hospitals require "a physician licensed in the State of California, who is experienced in emergency medical care, assigned to the emergency department and available at all times..."

**NEED(S):****OBJECTIVE:****TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## STAFFING/TRAINING

### 2.11 ACCREDITATION PROCESS

---

#### MINIMUM STANDARDS:

The local EMS agency shall establish a procedure for accreditation of advanced life support personnel that includes orientation to system policies and procedures, orientation to the roles and responsibilities of providers within the local EMS system, testing in any optional scope of practice, and enrollment into the local EMS agency's quality assurance/quality improvement process.

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: MEETS MINIMUM STANDARD

Kern County Accreditation Policy meets this standard:

[https://kernpublichealth.com/wp-content/uploads/2019/11/Accreditation\\_revised\\_cn.kt\\_1-1f-1.pdf](https://kernpublichealth.com/wp-content/uploads/2019/11/Accreditation_revised_cn.kt_1-1f-1.pdf)

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)



## **SYSTEM ASSESSMENT FORMS**

### **STAFFING/TRAINING**

#### **2.12 EARLY DEFIBRILLATION**

---

##### **MINIMUM STANDARDS:**

The local EMS agency shall establish policies for local accreditation of public safety and other basic life support personnel in early defibrillation.

##### **RECOMMENDED GUIDELINES:**

None.

##### **CURRENT STATUS: MEETS MINIMUM STANDARD**

All fire first responders are equipped and trained to provide early defibrillation. Kern County EMS has developed a Public Safety First Aid Optional Skills policy to allow for law to provide early defibrillation and narcan administration.

[http://kernpublichealth.com/wp-content/uploads/2014/09/Public-Safety-FSOS\\_11132015\\_Newformat.pdf](http://kernpublichealth.com/wp-content/uploads/2014/09/Public-Safety-FSOS_11132015_Newformat.pdf)

##### **NEED(S):**

##### **OBJECTIVE:**

##### **TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### STAFFING/TRAINING

#### 2.13 BASE HOSPITAL PERSONNEL

---

**MINIMUM STANDARDS:**

All base hospital/alternative base station personnel who provide medical direction to pre-hospital personnel shall be knowledgeable about local EMS agency policies and procedures and have training in radio communications techniques.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** MEETS MINIMUM STANDARD

Kern County EMS requires MICN Authorization and "Refresher" training curriculum which encompasses both knowledge of policies, procedures and protocols, radio communications, and disaster response.

**NEED(S):**

**OBJECTIVE:**

**TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## COMMUNICATIONS

### 3.01 COMMUNICATIONS PLAN

---

#### MINIMUM STANDARDS:

The local EMS agency shall plan for EMS communications. The plan shall specify the medical communications capabilities of emergency medical transport vehicles, non-transporting advanced life support responders, and acute care facilities and shall coordinate the use of frequencies with other users.

#### RECOMMENDED GUIDELINES:

The local EMS agency's communications plan should consider the availability and use of satellites and cellular telephones.

#### CURRENT STATUS: MEETS MINIMUM STANDARD

Several policies detail communication requirements. Kern uses a Tactile Interoperable Communications Plan as well for interagency communications coordination.

#### COORDINATION WITH OTHER EMS AGENCIES:

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### COMMUNICATIONS

#### 3.02 RADIOS

---

##### MINIMUM STANDARDS:

Emergency medical transport vehicles and non-transporting advanced life support responders shall have two-way radio communications equipment which complies with the local EMS communications plan and which provides for dispatch and ambulance-to-hospital communication.

##### RECOMMENDED GUIDELINES:

Emergency medical transport vehicles should have two-way radio communications equipment that complies with the local EMS communications plan and that provides for vehicle-to-vehicle (including both ambulances and non-transporting first responder units) communication.

##### CURRENT STATUS: MEETS MINIMUM STANDARD

All radios currently in use by first responders are capable of interoperable communications with each other and the hospitals:  
[http://kernpublichealth.com/wp-content/uploads/2014/09/ProviderMandatory-Inventory\\_12012015\\_Newformat.pdf](http://kernpublichealth.com/wp-content/uploads/2014/09/ProviderMandatory-Inventory_12012015_Newformat.pdf)

##### NEED(S):

##### OBJECTIVE:

##### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)



## **SYSTEM ASSESSMENT FORMS**

### **COMMUNICATIONS**

#### **3.03 INTERFACILITY TRANSFER**

##### **MINIMUM STANDARDS:**

Emergency medical transport vehicles used for interfacility transfers shall have the ability to communicate with both the sending and receiving facilities. This could be accomplished by cellular telephone.

##### **RECOMMENDED GUIDELINES:**

None.

##### **CURRENT STATUS: MEETS MINIMUM STANDARD**

All ambulances operating within Kern County conduct interfacility transfers and are properly equipped:

[http://kernpublichealth.com/wp-content/uploads/2014/09/ProviderMandatory-Inventory\\_12012015\\_Newformat.pdf](http://kernpublichealth.com/wp-content/uploads/2014/09/ProviderMandatory-Inventory_12012015_Newformat.pdf)

##### **COORDINATION WITH OTHER EMS AGENCIES:**

##### **NEED(S):**

##### **OBJECTIVE:**

##### **TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### COMMUNICATIONS

#### 3.04 DISPATCH CENTER

---

**MINIMUM STANDARDS:**

All emergency medical transport vehicles where physically possible, (based on geography and technology), shall have the ability to communicate with a single dispatch center or disaster communications command post.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** MEETS MINIMUM STANDARD

Dispatch communication is mandated in the EMD policy:

[http://kernpublichealth.com/wp-content/uploads/2014/09/EMD\\_Policy\\_09012016.pdf](http://kernpublichealth.com/wp-content/uploads/2014/09/EMD_Policy_09012016.pdf)

**NEED(S):****OBJECTIVE:****TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## COMMUNICATIONS

### 3.05 HOSPITALS

---

#### MINIMUM STANDARDS:

All hospitals within the local EMS system shall (where physically possible) have the ability to communicate with each other by two-way radio.

#### RECOMMENDED GUIDELINES:

All hospitals should have direct communications access to relevant services in other hospitals within the system (e.g., poison information, pediatric and trauma consultation).

#### CURRENT STATUS: MEETS MINIMUM STANDARD

All base hospitals are required to maintain radio and telephone dedicated to paramedic/EMT communications. Specialty center policies require agreement with higher level specialty care.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### COMMUNICATIONS

#### 3.06 MCI/DISASTERS

---

##### MINIMUM STANDARDS:

The local EMS agency shall review communications linkages among providers (pre-hospital and hospital) in its jurisdiction for their capability to provide service in the event of multi-casualty incidents and disasters.

##### RECOMMENDED GUIDELINES:

None.

##### CURRENT STATUS: MEETS MINIMUM STANDARD

Use of county-wide communications via MED channels, local channels, and interoperable communication channels. Managed by the Communications Division of Kern County General Services.

##### NEED(S):

##### OBJECTIVE:

##### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)



# SYSTEM ASSESSMENT FORMS

## COMMUNICATIONS

### 3.07 9-1-1 PLANNING/COORDINATION

---

**MINIMUM STANDARDS:**

The local EMS agency shall participate in ongoing planning and coordination of the 9-1-1 telephone service.

**RECOMMENDED GUIDELINES:**

The local EMS agency should promote the development of enhanced 9-1-1 systems.

**CURRENT STATUS:** MEETS MINIMUM STANDARD

Emergency Communications Center (ECC) is e9-1-1 equipped and capable of ANI/ALI.

**NEED(S):****OBJECTIVE:****TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### COMMUNICATIONS

#### 3.08 9-1-1 PUBLIC EDUCATION

---

**MINIMUM STANDARDS:**

The local EMS agency shall be involved in public education regarding the 9-1-1 telephone service as it impacts system access.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** MEETS MINIMUM STANDARD

Kern County EMS offers free training to the public for 9-1-1 education as requested.

**NEED(S):****OBJECTIVE:****TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### COMMUNICATIONS

#### 3.09 DISPATCH TRIAGE

---

**MINIMUM STANDARDS:**

The local EMS agency shall establish guidelines for proper dispatch triage that identifies appropriate medical response.

**RECOMMENDED GUIDELINES:**

The local EMS agency should establish a emergency medical dispatch priority reference system, including systemized caller interrogation, dispatch triage policies, and pre-arrival instructions.

**CURRENT STATUS:** MEETS MINIMUM STANDARD

Kern County EMS mandates the International Academies of Emergency Dispatch protocols, priority dispatch with local medical control of response configurations. Currently Emergency Communications Center is an ACE accredited dispatch center.

[http://kernpublichealth.com/wp-content/uploads/2014/09/EMD\\_Policy\\_09012016.pdf](http://kernpublichealth.com/wp-content/uploads/2014/09/EMD_Policy_09012016.pdf)

**NEED(S):****OBJECTIVE:****TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### COMMUNICATIONS

#### 3.10 INTEGRATED DISPATCH

---

**MINIMUM STANDARDS:**

The local EMS system shall have a functionally integrated dispatch with system-wide emergency services coordination, using standardized communications frequencies.

**RECOMMENDED GUIDELINES:**

The local EMS agency should develop a mechanism to ensure appropriate system-wide ambulance coverage during periods of peak demand.

**CURRENT STATUS:** MEETS MINIMUM STANDARD

Interoperability exists between fire and EMS dispatch centers and individual units. All fire departments are dispatched by one agency, and all ambulance providers are dispatched through one other agency.

[http://kernpublichealth.com/wp-content/uploads/2014/09/EMD\\_Policy\\_09012016.pdf](http://kernpublichealth.com/wp-content/uploads/2014/09/EMD_Policy_09012016.pdf)

**NEED(S):****OBJECTIVE:****TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)



# SYSTEM ASSESSMENT FORMS

## RESPONSE AND TRANSPORTATION

### 4.01 SERVICE AREA BOUNDARIES

---

**MINIMUM STANDARDS:**

The local EMS agency shall determine the boundaries of emergency medical transportation service areas.

**RECOMMENDED GUIDELINES:**

The local EMS agency should secure a county ordinance or similar mechanism for establishing emergency medical transport service areas (e.g., ambulance response zones).

**CURRENT STATUS:** MEETS MINIMUM STANDARD

Established through Ordinance: <https://kernpublichealth.com/wp-content/uploads/2015/09/AmbOrd812.pdf>

**COORDINATION WITH OTHER EMS AGENCIES:****NEED(S):****OBJECTIVE:****TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## RESPONSE AND TRANSPORTATION

### 4.02 MONITORING

---

#### MINIMUM STANDARDS:

The local EMS agency shall monitor emergency medical transportation services to ensure compliance with appropriate statutes, regulations, policies, and procedures.

#### RECOMMENDED GUIDELINES:

The local EMS agency should secure a county ordinance or similar mechanism for licensure of emergency medical transport services. These should be intended to promote compliance with overall system management and should, wherever possible, replace any other local ambulance regulatory programs within the EMS area.

#### CURRENT STATUS: MEETS MINIMUM STANDARD

Established in Ordinance, contracts, performance standards, and monthly/annual reporting.

<https://kernpublichealth.com/wp-content/uploads/2015/09/AmbOrd812.pdf>

[http://kernpublichealth.com/wp-content/uploads/2014/09/AmbPerfStds\\_NewFormat\\_06172007.pdf](http://kernpublichealth.com/wp-content/uploads/2014/09/AmbPerfStds_NewFormat_06172007.pdf)

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### RESPONSE AND TRANSPORTATION

#### 4.03 CLASSIFYING MEDICAL REQUESTS

---

**MINIMUM STANDARDS:**

The local EMS agency shall determine criteria for classifying medical requests (e.g., emergent, urgent, and non-emergent) and shall determine the appropriate level of medical response to each.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** MEETS MINIMUM STANDARD

Established through EMD response configurations and dispatch policies.

[http://kernpublichealth.com/wp-content/uploads/2014/09/EMD\\_Policy\\_09012016.pdf](http://kernpublichealth.com/wp-content/uploads/2014/09/EMD_Policy_09012016.pdf)

**NEED(S):****OBJECTIVE:****TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## RESPONSE AND TRANSPORTATION

### 4.04 PRESCHEDULED RESPONSES

---

#### MINIMUM STANDARDS:

Service by emergency medical transport vehicles that can be prescheduled without negative medical impact shall be provided only at levels that permit compliance with local EMS agency policy.

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: MEETS MINIMUM STANDARD

Established in the Ambulance Performance Standards.

<https://kernpublichealth.com/wp-content/uploads/AmbPerfStds-8-23-2018.pdf>

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)



# SYSTEM ASSESSMENT FORMS

## RESPONSE AND TRANSPORTATION

### 4.05 RESPONSE TIME STANDARDS

---

#### MINIMUM STANDARDS:

Each local EMS agency shall develop response time standards for medical responses. These standards shall take into account the total time from receipt of call at the primary public safety answering point (PSAP) to arrival of the responding unit at the scene, including all dispatch time intervals and driving time.

#### RECOMMENDED GUIDELINES:

Emergency medical service areas (response zones) shall be designated so that, for ninety percent of emergency responses, response times shall not exceed:

	Metropolitan/Urban Area	Suburban/Rural Area	Wilderness Area
BLS and CPR Capable First Responder	5 minutes	15 minutes	As quickly as possible
Early Defibrillation – Capable Responder	5 minutes	As quickly as possible	As quickly as possible
ALS Capable Responder (not functioning as first responder)	8 minutes	20 minutes	As quickly as possible
EMS Transportation Unit (not functioning as first responder)	8 minutes	20 minutes	As quickly as possible

**CURRENT STATUS:** MEETS MINIMUM STANDARD

**Established in the Ambulance Performance Standards.**

<https://kernpublichealth.com/wp-content/uploads/AmbPerfStds-8-23-2018.pdf>

#### COORDINATION WITH OTHER EMS AGENCIES:

**NEED(S):**

**OBJECTIVE:**

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### RESPONSE AND TRANSPORTATION

#### 4.06 STAFFING

---

**MINIMUM STANDARDS:**

All emergency medical transport vehicles shall be staffed and equipped according to current state and local EMS agency regulations and appropriately equipped for the level of service provided.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** MEETS MINIMUM STANDARD

Requirement for performance standards, policy, and mandatory equipment requirements.

<https://kernpublichealth.com/wp-content/uploads/AmbPerfStd8-23-2018.pdf>

[http://kernpublichealth.com/wp-content/uploads/2014/09/ProviderMandatory-Inventory\\_12012015\\_Newformat.pdf](http://kernpublichealth.com/wp-content/uploads/2014/09/ProviderMandatory-Inventory_12012015_Newformat.pdf)

[http://kernpublichealth.com/wp-content/uploads/2014/09/MICU\\_Ground\\_12012015\\_Newformat.pdf](http://kernpublichealth.com/wp-content/uploads/2014/09/MICU_Ground_12012015_Newformat.pdf)

**NEED(S):****OBJECTIVE:****TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### RESPONSE AND TRANSPORTATION

#### 4.07 FIRST RESPONDER AGENCIES

---

**MINIMUM STANDARDS:**

The local EMS agency shall integrate qualified EMS first responder agencies (including public safety agencies and industrial first aid teams) into the system.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS: MEETS MINIMUM STANDARD**

Kern County EMS provides for EMT first responders, industrial first responders and Public Safety First Aid responders.

[http://kernpublichealth.com/wp-content/uploads/2014/09/EMTProviderPolicy\\_-05112017.pdf](http://kernpublichealth.com/wp-content/uploads/2014/09/EMTProviderPolicy_-05112017.pdf)

[https://kernpublichealth.com/wp-content/uploads/2014/09/Public-Safety-FSOS\\_11132015\\_Newformat.pdf](https://kernpublichealth.com/wp-content/uploads/2014/09/Public-Safety-FSOS_11132015_Newformat.pdf)

**NEED(S):****OBJECTIVE:****TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## RESPONSE AND TRANSPORTATION

### 4.08 MEDICAL & RESCUE AIRCRAFT

---

#### MINIMUM STANDARDS:

The local EMS agency shall have a process for categorizing medical and rescue aircraft and shall develop policies and procedures regarding:

- authorization of aircraft to be utilized in pre-hospital patient care,
- requesting of EMS aircraft,
- dispatching of EMS aircraft,
- determination of EMS aircraft patient destination,
- orientation of pilots and medical flight crews to the local EMS system, and
- addressing and resolving formal complaints regarding EMS aircraft.

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: *MEET MINIMUM STANDARD*

Kern County EMS is unable to enter into agreements with air ambulances due to the Department of Transportation determination that air ambulances are protected by the Airline Deregulation Act. However, we have the following policies:

[http://kernpublichealth.com/wp-content/uploads/2014/09/Air\\_Ambulance\\_Performance\\_Standards\\_Final.pdf](http://kernpublichealth.com/wp-content/uploads/2014/09/Air_Ambulance_Performance_Standards_Final.pdf)

[http://kernpublichealth.com/wp-content/uploads/2014/09/EMSAircraftUse\\_03012012\\_Newformat.pdf](http://kernpublichealth.com/wp-content/uploads/2014/09/EMSAircraftUse_03012012_Newformat.pdf)

[http://kernpublichealth.com/wp-content/uploads/2014/09/BLSRescueAircraftPolicies\\_12012015\\_Newformat.pdf](http://kernpublichealth.com/wp-content/uploads/2014/09/BLSRescueAircraftPolicies_12012015_Newformat.pdf)

[http://kernpublichealth.com/wp-content/uploads/2014/09/MICURotorFixed\\_12012015\\_Newformat.pdf](http://kernpublichealth.com/wp-content/uploads/2014/09/MICURotorFixed_12012015_Newformat.pdf)

#### COORDINATION WITH OTHER EMS AGENCIES:

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)



## **SYSTEM ASSESSMENT FORMS**

### **RESPONSE AND TRANSPORTATION**

#### **4.09 AIR DISPATCH CENTER**

---

**MINIMUM STANDARDS:**

The local EMS agency shall designate a dispatch center to coordinate the use of air ambulances or rescue aircraft.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** MEETS MINIMUM STANDARD

The Emergency Communications Center (ECC) coordinates the use of aircraft.

**NEED(S):**

**OBJECTIVE:**

**TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

## **SYSTEM ASSESSMENT FORMS**

### **RESPONSE AND TRANSPORTATION**

#### **4.10 AIRCRAFT AVAILABILITY**

---

##### **MINIMUM STANDARDS:**

The local EMS agency shall identify the availability and staffing of medical and rescue aircraft for emergency patient transportation and shall maintain written agreements with aeromedical services operating within the EMS area.

##### **RECOMMENDED GUIDELINES:**

None.

##### **CURRENT STATUS: DOES NOT MEETS MINIMUM STANDARD**

Kern County EMS is unable to enter into agreements with aeromedical services due to the Department of Transportation's determination that air ambulances are protected by the Airline Deregulation Act. Currently, QI and Medical Direction agreements are verbal in nature with our air providers.

##### **COORDINATION WITH OTHER EMS AGENCIES:**

##### **NEED(S):**

The ability to enter into agreements with air ambulance services. Department of Transportation to change its view.

##### **OBJECTIVE:**

Develop and execute air ambulance service agreements for ALS air ambulance providers in Kern County.

##### **TIME FRAME FOR MEETING OBJECTIVE:**

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### RESPONSE AND TRANSPORTATION

#### 4.11 SPECIALTY VEHICLES

---

##### MINIMUM STANDARDS:

Where applicable, the local EMS agency shall identify the availability and staffing of all-terrain vehicles, snow mobiles, and water rescue and transportation vehicles.

##### RECOMMENDED GUIDELINES:

The local EMS agency should plan for response by and use of all-terrain vehicles, snow mobiles, and water rescue vehicles areas where applicable. This plan should consider existing EMS resources, population density, environmental factors, dispatch procedures and catchment area.

##### CURRENT STATUS: MEETS MINIMUM STANDARD

Kern County EMS has created, ALS and BLS bike medic programs, boat medic programs, and Kern County Sheriff Office Search and Rescue is approved EMT level provider.

##### COORDINATION WITH OTHER EMS AGENCIES:

##### NEED(S):

##### OBJECTIVE:

##### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### RESPONSE AND TRANSPORTATION

#### 4.12 DISASTER RESPONSE

---

**MINIMUM STANDARDS:**

The local EMS agency, in cooperation with the local office of emergency services (OES), shall plan for mobilizing response and transport vehicles for disaster.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** MEETS MINIMUM STANDARD

Kern County EMS is integrated into the MHOAC function and coordinates EMS resources as needed with the County Office of Emergency Services.

**NEED(S):**

**OBJECTIVE:**

**TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)



## SYSTEM ASSESSMENT FORMS

### RESPONSE AND TRANSPORTATION

#### 4.13 INTERCOUNTY RESPONSE

---

**MINIMUM STANDARDS:**

The local EMS agency shall develop agreements permitting inter-county response of emergency medical transport vehicles and EMS personnel.

**RECOMMENDED GUIDELINES:**

The local EMS agency should encourage and coordinate development of mutual aid agreements that identify financial responsibility for mutual aid responses.

**CURRENT STATUS:** MEETS MINIMUM STANDARD

Both formal and informal agreements exist (RDMHS, MHOAC, Fire Mutual Aid, Ambulance provider agreements with neighboring counties).

**COORDINATION WITH OTHER EMS AGENCIES:****NEED(S):****OBJECTIVE:****TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### RESPONSE AND TRANSPORTATION

#### 4.14 INCIDENT COMMAND SYSTEM

---

**MINIMUM STANDARDS:**

The local EMS agency shall develop multi-casualty response plans and procedures that include provision for on-scene medical management using the Incident Command System.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** MEETS MINIMUM STANDARD

Incident command is addressed in the scene control policy as well as the Kern County Emergency Operations Plan:

[http://kernpublichealth.com/wp-content/uploads/2014/09/SceneControlPolicy\\_NewFormat\\_03012012.pdf](http://kernpublichealth.com/wp-content/uploads/2014/09/SceneControlPolicy_NewFormat_03012012.pdf)

[http://www.kerncountyfire.org/images/stories/emergency\\_preparedness/Kern\\_Annex\\_B4\\_Med\\_043008.pdf](http://www.kerncountyfire.org/images/stories/emergency_preparedness/Kern_Annex_B4_Med_043008.pdf)

**NEED(S):**

**OBJECTIVE:**

**TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### RESPONSE AND TRANSPORTATION

#### 4.15 MCI PLANS

---

**MINIMUM STANDARDS:**

Multi-casualty response plans and procedures shall utilize state standards and guidelines.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** MEETS MINIMUM STANDARD

Multi-casualty incidents are addressed in the scene control policy as well as the EMD policy:

[http://kernpublichealth.com/wp-content/uploads/2014/09/EMD\\_Policy\\_09012016.pdf](http://kernpublichealth.com/wp-content/uploads/2014/09/EMD_Policy_09012016.pdf)

[http://kernpublichealth.com/wp-content/uploads/2014/09/SceneControlPolicy\\_NewFormat\\_03012012.pdf](http://kernpublichealth.com/wp-content/uploads/2014/09/SceneControlPolicy_NewFormat_03012012.pdf)

**NEED(S):****OBJECTIVE:****TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### RESPONSE AND TRANSPORTATION

#### 4.16 ALS STAFFING

---

**MINIMUM STANDARDS:**

All ALS ambulances shall be staffed with at least one person certified at the advanced life support level and one person staffed at the EMT-I level.

**RECOMMENDED GUIDELINES:**

The local EMS agency should determine whether advanced life support units should be staffed with two ALS crew members or with one ALS and one BLS crew member.

On an emergency ALS unit which is not staffed with two ALS crew members, the second crew member should be trained to provide defibrillation, using available defibrillators.

**CURRENT STATUS:** MEETS MINIMUM STANDARD

The Ambulance Performance Standards mandate the staffing levels.

[http://kernpublichealth.com/wp-content/uploads/2014/09/AmbPerfStd NewFormat\\_06172007.pdf](http://kernpublichealth.com/wp-content/uploads/2014/09/AmbPerfStd NewFormat_06172007.pdf)

**NEED(S):****OBJECTIVE:****TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)



## SYSTEM ASSESSMENT FORMS

### RESPONSE AND TRANSPORTATION

#### 4.17 ALS EQUIPMENT

---

**MINIMUM STANDARDS:**

All emergency ALS ambulances shall be appropriately equipped for the scope of practice of its level of staffing.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** MEETS MINIMUM STANDARD

Equipment is addressed in the Provider Mandatory Inventory List:

[http://kernpublichealth.com/wp-content/uploads/2014/09/ProviderMandatory-Inventory\\_12012015\\_Newformat.pdf](http://kernpublichealth.com/wp-content/uploads/2014/09/ProviderMandatory-Inventory_12012015_Newformat.pdf)

and the Mobile Intensive Care Unit (MICU) Policy:

[http://kernpublichealth.com/wp-content/uploads/2014/09/MICU\\_Ground\\_12012015\\_Newformat.pdf](http://kernpublichealth.com/wp-content/uploads/2014/09/MICU_Ground_12012015_Newformat.pdf)

**NEED(S):****OBJECTIVE:****TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

## **SYSTEM ASSESSMENT FORMS**

### **RESPONSE AND TRANSPORTATION**

#### **4.18 TRANSPORT COMPLIANCE**

---

**MINIMUM STANDARDS:**

The local EMS agency shall have a mechanism (e.g., an ordinance and/or written provider agreements) to ensure that EMS transportation agencies comply with applicable policies and procedures regarding system operations and clinical care.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** MEETS MINIMUM STANDARD

Ordinance in place, Written agreements in place.

**NEED(S):**

**OBJECTIVE:**

**TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### RESPONSE AND TRANSPORTATION

#### 4.19 TRANSPORTATION PLAN

---

**MINIMUM STANDARDS:**

Any local EMS agency that desires to implement exclusive operating areas, pursuant to Section 1797.224, H&S Code, shall develop an EMS transportation plan which addresses: a) minimum standards for transportation services; b) optimal transportation system efficiency and effectiveness; and c) use of a competitive bid process to ensure system optimization.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** MEETS MINIMUM STANDARD

Established in Ordinance, Written agreements, Ambulance Service Performance Standards:

<https://kernpublichealth.com/wp-content/uploads/AmbPerfStds-8-23-2018.pdf> See AZS Forms

See: <https://kernpublichealth.com/wp-content/uploads/2015/09/AmbOrd812.pdf>

**NEED(S):****OBJECTIVE:**

I

**TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### RESPONSE AND TRANSPORTATION

#### 4.20 "GRANDFATHERING"

---

**MINIMUM STANDARDS:**

Any local EMS agency which desires to grant an exclusive operating permit without use of a competitive process shall document in its EMS transportation plan that its existing provider meets all of the requirements for non-competitive selection ("grandfathering") under Section 1797.224, H&SC.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** MEETS MINIMUM STANDARD

Grandfathering established by Resolution of the Board of Supervisors. See AZS tables.

**NEED(S):****OBJECTIVE:****TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)



## SYSTEM ASSESSMENT FORMS

### RESPONSE AND TRANSPORTATION

#### 4.21 EOA COMPLIANCE

---

##### MINIMUM STANDARDS:

The local EMS agency shall have a mechanism to ensure that EMS transportation and/or advanced life support agencies to whom exclusive operating permits have been granted, pursuant to Section 1797.224, H&SC, comply with applicable policies and procedures regarding system operations and patient care.

##### RECOMMENDED GUIDELINES:

None.

##### CURRENT STATUS: MEETS MINIMUM STANDARD

Ordinance, written agreements and performance measures require compliance with all federal, state, and local laws, including local policies and procedures.

##### NEED(S):

##### OBJECTIVE:

##### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### RESPONSE AND TRANSPORTATION

#### 4.22 EOA EVALUATION

---

**MINIMUM STANDARDS:**

The local EMS agency shall periodically evaluate the design of exclusive operating areas.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** MEETS MINIMUM STANDARD

Each EOA is evaluated monthly and annually for response compliance.

**NEED(S):**

**OBJECTIVE:**

**TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# **SYSTEM ASSESSMENT FORMS**

## **FACILITIES AND CRITICAL CARE**

### **5.01 ASSESSMENT OF CAPABILITIES**

---

#### **MINIMUM STANDARDS:**

The local EMS agency shall assess and periodically reassess the EMS related capabilities of acute care facilities in its service area.

#### **RECOMMENDED GUIDELINES:**

The local EMS agency should have written agreements with acute care facilities in its service area.

#### **CURRENT STATUS: MEETS MINIMUM STANDARD**

Written agreements in place with all hospital facilities receiving patients.

#### **NEED(S):**

#### **OBJECTIVE:**

#### **TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

## **SYSTEM ASSESSMENT FORMS**

### **FACILITIES AND CRITICAL CARE**

#### **5.02 TRIAGE & TRANSFER PROTOCOLS**

---

##### **MINIMUM STANDARDS:**

The local EMS agency shall establish pre-hospital triage protocols and shall assist hospitals with the establishment of transfer protocols and agreements.

##### **RECOMMENDED GUIDELINES:**

None.

##### **CURRENT STATUS:** MEETS MINIMUM STANDARD

Protocols established, multiple policies in place. Transfer agreements required in specialty care policies.

##### **COORDINATION WITH OTHER EMS AGENCIES:**

HOSPITALS HAVE WRITTEN AGREEMENTS IN PLACE WITH HIGHER LEVEL AND SPECIALTY FACILITIES OUTSIDE OF KERN COUNTY.

##### **NEED(S):**

##### **OBJECTIVE:**

##### **TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)



## **SYSTEM ASSESSMENT FORMS**

### **FACILITIES AND CRITICAL CARE**

#### **5.03 TRANSFER GUIDELINES**

---

##### **MINIMUM STANDARDS:**

The local EMS agency, with participation of acute care hospital administrators, physicians, and nurses, shall establish guidelines to identify patients who should be considered for transfer to facilities of higher capability and shall work with acute care hospitals to establish transfer agreements with such facilities.

##### **RECOMMENDED GUIDELINES:**

None.

##### **CURRENT STATUS:** MEETS MINIMUM STANDARD

Established, patients identified in policies and protocols. Transfer agreements required in specialty care policies

##### **COORDINATION WITH OTHER EMS AGENCIES:**

Hospital facilities coordinate with higher level of care and specialty facilities outside of Kem

##### **NEED(S):**

##### **OBJECTIVE:**

##### **TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

## **SYSTEM ASSESSMENT FORMS**

### **FACILITIES AND CRITICAL CARE**

#### **5.04 SPECIALTY CARE FACILITIES**

---

##### **MINIMUM STANDARDS:**

The local EMS agency shall designate and monitor receiving hospitals and, when appropriate, specialty care facilities for specified groups of emergency patients.

##### **RECOMMENDED GUIDELINES:**

None.

##### **CURRENT STATUS:** MEETS MINIMUM STANDARD

Hospitals identified, included in policies. Policies specific to specialty care centers. See tables) 9

##### **COORDINATION WITH OTHER EMS AGENCIES:**

Hospital facilities coordinate with higher level of care and specialty facilities outside of Kern

##### **NEED(S):**

##### **TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

## **SYSTEM ASSESSMENT FORMS**

### **FACILITIES AND CRITICAL CARE**

#### **5.05 MASS CASUALTY MANAGEMENT**

---

##### **MINIMUM STANDARDS:**

The local EMS agency shall encourage hospitals to prepare for mass casualty management.

##### **RECOMMENDED GUIDELINES:**

The local EMS agency should assist hospitals with preparation for mass casualty management, including procedures for coordinating hospital communications and patient flow.

##### **CURRENT STATUS:** MEETS MINIMUM STANDARD

FACILITIES PARTICIPATE IN THE KERN COUNTY HEALTH CARE COALITION (KCHCC), DISASTER EXERCISES AND DRILLS, AND COMMUNICATIONS

##### **NEED(S):**

##### **OBJECTIVE:**

##### **TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

## **SYSTEM ASSESSMENT FORMS**

### **FACILITIES AND CRITICAL CARE**

#### **5.06 HOSPITAL EVACUATION**

---

**MINIMUM STANDARDS:**

The local EMS agency shall have a plan for hospital evacuation, including its impact on other EMS system providers.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** MEETS MINIMUM STANDARD

Coordination with other facilities and alternate destinations. Communications, disaster mutual aid responses. Med-alert system. In 2019 Kern County EMS successfully orchestrated and oversaw the evacuated Ridgecrest Regional Hospital following a 6.4 earthquake.

**COORDINATION WITH OTHER EMS AGENCIES:**

RDMHS/C program

**NEED(S):**

**OBJECTIVE:**

**TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

## **SYSTEM ASSESSMENT FORMS**

### **FACILITIES AND CRITICAL CARE**

#### **5.07 BASE HOSPITAL DESIGNATION**

---

##### **MINIMUM STANDARDS:**

The local EMS agency shall, using a process which allows all eligible facilities to apply, designate base hospitals or alternative base stations as it determines necessary to provide medical direction of pre-hospital personnel.

##### **RECOMMENDED GUIDELINES:**

None.

##### **CURRENT STATUS:** MEETS MINIMUM STANDARD

Title 22 requirements must be met. Communications in place. Written agreements, and training.

8 of our 10 hospitals are currently Base Hospitals.

##### **COORDINATION WITH OTHER EMS AGENCIES:**

##### **NEED(S):**

##### **OBJECTIVE:**

##### **TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)



## **SYSTEM ASSESSMENT FORMS**

### **FACILITIES AND CRITICAL CARE**

#### **5.08 TRAUMA SYSTEM DESIGN**

---

##### **MINIMUM STANDARDS:**

Local EMS agencies that develop trauma care systems shall determine the optimal system (based on community need and available resources) including, but not limited to:

- the number and level of trauma centers (including the use of trauma centers in other counties),
- the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix,
- identification of patients who should be triaged or transferred to a designated center, including consideration of patients who should be triaged to other specialty care centers,
- the role of non-trauma center hospitals, including those that are outside of the primary triage area of the trauma center, and
- a plan for monitoring and evaluation of the system.

##### **RECOMMENDED GUIDELINES:**

None.

##### **CURRENT STATUS: MEETS MINIMUM STANDARD**

Kern County EMS has one level II and one level IV Trauma Center. Policies and procedures exist for patient triage, destination, and interaction with base hospitals. A Trauma Evaluation Committee was established in conjunction with the trauma center designations and meets quarterly.

[http://kernpublichealth.com/wp-content/uploads/2014/09/TraumaPoliciesandProcedures\\_07012015.pdf](http://kernpublichealth.com/wp-content/uploads/2014/09/TraumaPoliciesandProcedures_07012015.pdf)

##### **NEED(S):**

##### **OBJECTIVE:**

##### **TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

## **SYSTEM ASSESSMENT FORMS**

### **FACILITIES AND CRITICAL CARE**

#### **5.09 PUBLIC INPUT**

---

##### **MINIMUM STANDARDS:**

In planning its trauma care system, the local EMS agency shall ensure input from both pre-hospital and hospital providers and consumers.

##### **RECOMMENDED GUIDELINES:**

None.

##### **CURRENT STATUS:** MEETS MINIMUM STANDARD

Kern County EMS has numerous committees in place including the Emergency Care Advisory Board (EMCAB), System Collaborative and TEC. Both the EMCAB and System Collaborative meetings are open to the public and provide for consumer representatives.

##### **NEED(S):**

##### **OBJECTIVE:**

##### **TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### FACILITIES AND CRITICAL CARE

#### 5.10 PEDIATRIC SYSTEM DESIGN

---

##### MINIMUM STANDARDS:

Local EMS agencies that develop pediatric emergency medical and critical care systems shall determine the optimal system, including:

- the number and role of system participants, particularly of emergency departments,
- the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix,
- identification of patients who should be primarily triaged or secondarily transferred to a designated center, including consideration of patients who should be triaged to other specialty care centers,
- identification of providers who are qualified to transport such patients to a designated facility,
- identification of tertiary care centers for pediatric critical care and pediatric trauma,
- the role of non-pediatric specialty care hospitals including those which are outside of the primary triage area, and
- a plan for monitoring and evaluation of the system.

##### RECOMMENDED GUIDELINES:

None.

##### CURRENT STATUS: MEETS MINIMUM STANDARD

Kern county EMS has designated 5 pediatric receiving centers. Two advanced, two general and one basic. Additionally, we have a Pediatric Advisory Committee that meets quarterly to review the system.

[http://kernpublichealth.com/wp-content/uploads/2014/09/PedRC\\_Policy\\_11112016.pdf](http://kernpublichealth.com/wp-content/uploads/2014/09/PedRC_Policy_11112016.pdf)

##### NEED(S):

##### OBJECTIVE:

##### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## FACILITIES AND CRITICAL CARE

### 5.11 EMERGENCY DEPARTMENTS

---

#### MINIMUM STANDARDS:

Local EMS agencies shall identify minimum standards for pediatric capability of emergency departments including:

- staffing,
- training,
- equipment,
- identification of patients for whom consultation with a pediatric critical care center is appropriate,
- quality assurance/quality improvement, and
- data reporting to the local EMS agency.

#### RECOMMENDED GUIDELINES:

Local EMS agencies should develop methods of identifying emergency departments which meet standards for pediatric care and for pediatric critical care centers and pediatric trauma centers.

#### CURRENT STATUS: MEETS MINIMUM STANDARD

Kern county EMS has designated 5 pediatric receiving centers. Two advanced, two general and one basic. Additionally, we have a Pediatric Advisory Committee that meets quarterly to review the system.

[http://kernpublichealth.com/wp-content/uploads/2014/09/PedRC\\_Policy\\_11112016.pdf](http://kernpublichealth.com/wp-content/uploads/2014/09/PedRC_Policy_11112016.pdf)

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

## **SYSTEM ASSESSMENT FORMS**

### **FACILITIES AND CRITICAL CARE**

#### **5.12 PUBLIC INPUT**

---

##### **MINIMUM STANDARDS:**

In planning its pediatric emergency medical and critical care system, the local EMS agency shall ensure input from both pre-hospital and hospital providers and consumers.

##### **RECOMMENDED GUIDELINES:**

None.

##### **CURRENT STATUS:** MEETS MINIMUM STANDARD

Kern County EMS has numerous committees in place including the Emergency Care Advisory Board (EMCAB), System Collaborative and PAC. Both the EMCAB and System Collaborative meetings are open to the public and provide for consumer representatives.

##### **NEED(S):**

##### **OBJECTIVE:**

##### **TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)



# SYSTEM ASSESSMENT FORMS

## FACILITIES AND CRITICAL CARE

### 5.13 SPECIALTY SYSTEM DESIGN

---

#### MINIMUM STANDARDS:

Local EMS agencies developing specialty care plans for EMS-targeted clinical conditions shall determine the optimal system for the specific condition involved, including:

- the number and role of system participants,
- the design of catchment areas (including inter-county transport, as appropriate) with consideration of workload and patient mix,
- identification of patients who should be triaged or transferred to a designated center,
- the role of non-designated hospitals including those which are outside of the primary triage area, and
- a plan for monitoring and evaluation of the system.

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: MEETS MINIMUM STANDARD

Kern County EMS currently has the following specialty designations:

Trauma System of Care

Stroke System of Care

STEMI System of Care

Emergency Medical Services for Children

Burn System of Care

All policies, procedures, and protocols can be located at: <https://kernpublichealth.com/ems-updates-news/policies-procedures-and-protocols/>

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### FACILITIES AND CRITICAL CARE

#### 5.14 PUBLIC INPUT

---

**MINIMUM STANDARDS:**

In planning other specialty care systems, the local EMS agency shall ensure input from both pre-hospital and hospital providers and consumers.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** MEETS MINIMUM STANDARD

Kern County EMS has numerous committees in place including the Emergency Care Advisory Board (EMCAB), System Collaborative, STEMI QI Committee, Stroke QI Committee, and Pediatric Advisory Committee. Both the EMCAB and System Collaborative meetings are open to the public and provide for consumer representatives.

**NEED(S):****OBJECTIVE:****TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## DATA COLLECTION AND SYSTEM EVALUATION

### 6.01 QA/QI PROGRAM

---

#### MINIMUM STANDARDS:

The local EMS agency shall establish an EMS quality assurance/quality improvement (QA/QI) program to evaluate the response to emergency medical incidents and the care provided to specific patients. The programs shall address the total EMS system, including all pre-hospital provider agencies, base hospitals, and receiving hospitals. It shall address compliance with policies, procedures, and protocols, and identification of preventable morbidity and mortality, and shall utilize state standards and guidelines. The program shall use provider based QA/QI programs and shall coordinate them with other providers.

#### RECOMMENDED GUIDELINES:

The local EMS agency should have the resources to evaluate response to, and the care provided to, specific patients.

#### CURRENT STATUS: MEETS MINIMUM STANDARD

Kern County EMS has the following QI Committees:

STEMI QI Committee  
Stroke QI Committee  
Burn QI Committee  
Trauma Evaluation Committee  
Pediatric Advisory Committee

In addition, Kern County EMS has created an EQUIP located at: [https://kernpublichealth.com/wp-content/uploads/EQIP\\_07312019-final.pdf](https://kernpublichealth.com/wp-content/uploads/EQIP_07312019-final.pdf)

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### DATA COLLECTION AND SYSTEM EVALUATION

#### 6.02 PREHOSPITAL RECORDS

---

##### MINIMUM STANDARDS:

Pre-hospital records for all patient responses shall be completed and forwarded to appropriate agencies as defined by the local EMS agency.

##### RECOMMENDED GUIDELINES:

None.

##### CURRENT STATUS: MEETS MINIMUM STANDARD

Kern County EMS has developed the following ePCR policy: [http://kernpublichealth.com/wp-content/uploads/2014/09/ePCRPolicies\\_05122017.pdf](http://kernpublichealth.com/wp-content/uploads/2014/09/ePCRPolicies_05122017.pdf)

##### NEED(S):

##### OBJECTIVE:

##### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

## **SYSTEM ASSESSMENT FORMS**

### **DATA COLLECTION AND SYSTEM EVALUATION**

#### **6.03 PREHOSPITAL CARE AUDITS**

---

##### **MINIMUM STANDARDS:**

Audits of pre-hospital care, including both system response and clinical aspects, shall be conducted.

##### **RECOMMENDED GUIDELINES:**

The local EMS agency should have a mechanism to link pre-hospital records with dispatch, emergency department, in-patient and discharge records.

##### **CURRENT STATUS: MEETS MINIMUM STANDARD**

Pre-hospital care audits are performed on a regular basis as outlined in the EQUIP: [https://kernpublichealth.com/wp-content/uploads/EQIP\\_07312019-final.pdf](https://kernpublichealth.com/wp-content/uploads/EQIP_07312019-final.pdf)

##### **NEEDS:**

##### **OBJECTIVE:**

##### **TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)



## SYSTEM ASSESSMENT FORMS

### DATA COLLECTION AND SYSTEM EVALUATION

#### 6.04 MEDICAL DISPATCH

---

**MINIMUM STANDARDS:**

The local EMS agency shall have a mechanism to review medical dispatching to ensure that the appropriate level of medical response is sent to each emergency and to monitor the appropriateness of pre-arrival/post dispatch directions.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** MEETS MINIMUM STANDARD

Both dispatch agencies must submit call data to EMS monthly for review, as outlined in the EMD Policy: [http://kernpublichealth.com/wp-content/uploads/2014/09/EMD\\_Policy\\_09012016.pdf](http://kernpublichealth.com/wp-content/uploads/2014/09/EMD_Policy_09012016.pdf)

**NEED(S):****OBJECTIVE:****TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

## **SYSTEM ASSESSMENT FORMS**

### **DATA COLLECTION AND SYSTEM EVALUATION**

#### **6.05 DATA MANAGEMENT SYSTEM**

---

##### **MINIMUM STANDARDS:**

The local EMS agency shall establish a data management system that supports its system-wide planning and evaluation (including identification of high risk patient groups) and the QA/QI audit of the care provided to specific patients. It shall be based on state standards.

##### **RECOMMENDED GUIDELINES:**

The local EMS agency should establish an integrated data management system which includes system response and clinical (both pre-hospital and hospital) data.

The local EMS agency should use patient registries, tracer studies, and other monitoring systems to evaluate patient care at all stages of the system.

##### **CURRENT STATUS: MEETS MINIMUM STANDARD**

Kern County EMS mandates that all approved EMS providers complete and submit electronic patient care reports. Currently NEMSIS 3.4 is being accepted: [http://kernpublichealth.com/wp-content/uploads/2014/09/ePCR Policies\\_05122017.pdf](http://kernpublichealth.com/wp-content/uploads/2014/09/ePCR Policies_05122017.pdf)

##### **COORDINATION WITH OTHER EMS AGENCIES:**

##### **NEEDS:**

##### **OBJECTIVE:**

##### **TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## DATA COLLECTION AND SYSTEM EVALUATION

### 6.06 SYSTEM DESIGN EVALUATION

---

#### MINIMUM STANDARDS:

The local EMS agency shall establish an evaluation program to evaluate EMS system design and operations, including system effectiveness at meeting community needs, appropriateness of guidelines and standards, prevention strategies that are tailored to community needs, and assessment of resources needed to adequately support the system. This shall include structure, process, and outcome evaluations, utilizing state standards and guidelines.

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: MEETS MINIMUM STANDARD

Kern County EMS is constantly evaluating our system. This is accomplished through various policies and procedures such as the Ambulance Performance Standards, the EQUIP, Specialty Care Center Policies, and EMS Dispatch Policies.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

## **SYSTEM ASSESSMENT FORMS**

### **DATA COLLECTION AND SYSTEM EVALUATION**

#### **6.07 PROVIDER PARTICIPATION**

---

##### **MINIMUM STANDARDS:**

The local EMS agency shall have the resources and authority to require provider participation in the system-wide evaluation program.

##### **RECOMMENDED GUIDELINES:**

None.

##### **CURRENT STATUS: MEETS MINIMUM STANDARD**

Kern County EMS mandates participation through Health and Safety Code, Title 22 regulations, local ordinance, contracts, policies, procedures and protocols.

##### **NEED(S):**

##### **OBJECTIVE:**

##### **TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

## **SYSTEM ASSESSMENT FORMS**

### **DATA COLLECTION AND SYSTEM EVALUATION**

#### **6.08 REPORTING**

---

##### **MINIMUM STANDARDS:**

The local EMS agency shall, at least annually, report on the results of its evaluation of EMS system design and operations to the Board(s) of Supervisors, provider agencies, and Emergency Medical Care Committee(s).

##### **RECOMMENDED GUIDELINES:**

None.

##### **CURRENT STATUS:** MEETS MINIMUM STANDARD

Kern County EMS reports annually to the Emergency Care Advisory Board (EMCAB) as well as the County Board of Supervisors. These reports are posted for public review on the EMS website.

##### **NEEDS:**

##### **OBJECTIVE:**

##### **TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)



## **SYSTEM ASSESSMENT FORMS**

### **DATA COLLECTION AND SYSTEM EVALUATION**

#### **6.09 ALS AUDIT**

---

##### **MINIMUM STANDARDS:**

The process used to audit treatment provided by advanced life support providers shall evaluate both base hospital (or alternative base station) and pre-hospital activities.

##### **RECOMMENDED GUIDELINES:**

The local EMS agency's integrated data management system should include pre-hospital, base hospital, and receiving hospital data.

##### **CURRENT STATUS:** MEETS MINIMUM STANDARD

ALS PCR audits are conducted on a regular basis as outlined in the EQUIP: [https://kernpublichealth.com/wp-content/uploads/EQIP\\_07312019-final.pdf](https://kernpublichealth.com/wp-content/uploads/EQIP_07312019-final.pdf)

##### **NEED(S):**

##### **OBJECTIVE:**

##### **TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### DATA COLLECTION AND SYSTEM EVALUATION

#### 6.10 TRAUMA SYSTEM EVALUATION

---

**MINIMUM STANDARDS:**

The local EMS agency, with participation of acute care providers, shall develop a trauma system evaluation and data collection program, including: a trauma registry, a mechanism to identify patients whose care fell outside of established criteria, and a process for identifying potential improvements to the system design and operation.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** MEETS MINIMUM STANDARD

Kern Medical submits trauma data through Trauma One and to CEMSIS. See Trauma System of Care: [http://kernpublichealth.com/wp-content/uploads/2014/09/TraumaPoliciesandProcedures\\_07012015.pdf](http://kernpublichealth.com/wp-content/uploads/2014/09/TraumaPoliciesandProcedures_07012015.pdf)

**NEED(S):****OBJECTIVE:****TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

## **SYSTEM ASSESSMENT FORMS**

### **DATA COLLECTION AND SYSTEM EVALUATION**

#### **6.11 TRAUMA CENTER DATA**

---

##### **MINIMUM STANDARDS:**

The local EMS Agency shall ensure that designated trauma centers provide required data to the EMS agency, including patient specific information that is required for quality assurance/quality improvement and system evaluation.

##### **RECOMMENDED GUIDELINES:**

The local EMS agency should seek data on trauma patients who are treated at non-trauma center hospitals and shall include this information in their QA/QI and system evaluation program.

##### **CURRENT STATUS: MEETS MINIMUM STANDARD**

Trauma system data is mandated by policy: [http://kernpublichealth.com/wp-content/uploads/2014/09/TraumaPoliciesandProcedures\\_07012015.pdf](http://kernpublichealth.com/wp-content/uploads/2014/09/TraumaPoliciesandProcedures_07012015.pdf)

##### **NEED(S):**

##### **OBJECTIVE:**

##### **TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## PUBLIC INFORMATION AND EDUCATION

### 7.01 PUBLIC INFORMATION MATERIALS

---

#### MINIMUM STANDARDS:

The local EMS agency shall promote the development and dissemination of information materials for the public that addresses:

- understanding of EMS system design and operation,
- proper access to the system,
- self-help (e.g., CPR, first aid, etc.),
- patient and consumer rights as they relate to the EMS system,
- health and safety habits as they relate to the prevention and reduction of health risks in target areas, and
- appropriate utilization of emergency departments.

#### RECOMMENDED GUIDELINES:

The local EMS agency should promote targeted community education programs on the use of emergency medical services in its service area.

#### CURRENT STATUS: MEETS MINIMUM STANDARD

Kern County EMS is actively engaged in Public Education. EMS participates and coordinates Side-Walk CPR, Stop the Bleed, AED, Start Triage and Narcan trainings, conducts public education as requested, and participates in Health Fairs. Specialty Care Centers have requirements to provide for public education in policy. EMS is a Division of Public Health, which is also active in promoting EMS and community health initiatives.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

## **SYSTEM ASSESSMENT FORMS**

### **PUBLIC INFORMATION AND EDUCATION**

#### **7.02 INJURY CONTROL**

---

##### **MINIMUM STANDARDS:**

The local EMS agency, in conjunction with other local health education programs, shall work to promote injury control and preventive medicine.

##### **RECOMMENDED GUIDELINES:**

The local EMS agency should promote the development of special EMS educational programs for targeted groups at high risk of injury or illness.

##### **CURRENT STATUS:** MEETS MINIMUM STANDARD

Kern County EMS is a Division of Public Health, EMS is active in participating in promotion of public health and safety. Trauma Centers have policy requirement to provide education to public. Other specialty care centers have requirement to promote specific public education requirements to targeted groups. Currently we are focusing on Narcan, STOP the BLEED, Hands Only CPR and Start Triage training. EMS has purchased and installed Stop the Bleed Cabinets as well as AEDs with cabinets in public areas of numerous county buildings.

##### **NEED(S):**

##### **OBJECTIVE:**

##### **TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)



# SYSTEM ASSESSMENT FORMS

## PUBLIC INFORMATION AND EDUCATION

### 7.03 DISASTER PREPAREDNESS

---

#### MINIMUM STANDARDS:

The local EMS agency, in conjunction with the local office of emergency services, shall promote citizen disaster preparedness activities.

#### RECOMMENDED GUIDELINES:

The local EMS agency, in conjunction with the local office of emergency services (OES), should produce and disseminate information on disaster medical preparedness.

#### CURRENT STATUS: MEETS MINIMUM STANDARD

Kern County EMS has absorbed the Division of Emergency Preparedness (EP). As a result materials for education to the public on disaster preparedness. Kern Medical Reserve Corp and the Kern Health Care Coalition, are also active in promoting emergency preparedness. EMS participates in health fairs and other events as requested.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### PUBLIC INFORMATION AND EDUCATION

#### 7.04 FIRST AID & CPR TRAINING

---

**MINIMUM STANDARDS:**

The local EMS agency shall promote the availability of first-aid and CPR training for the general public.

**RECOMMENDED GUIDELINES:**

The local EMS agency should adopt a goal for training of an appropriate percentage of the general public in first aid and CPR. A higher percentage should be achieved in high risk groups.

**CURRENT STATUS:** MEETS MINIMUM STANDARD

Kern County EMS coordinates an annual Sidewalk CPR event to promote education of citizens in hands-only CPR. Additionally, EMS provides Stop the Bleed, Sidewalk CPR, Narcan, AED and Start Triage training as requested to public. Kern County EMS has created a request for training form and placed it on our website: <https://kernpublichealth.com/wp-content/uploads/2019/11/TRAINING-REQUEST-FORM-FILLABLE.pdf>

**NEED(S):****OBJECTIVE:****TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## DISASTER MEDICAL RESPONSE

### 8.01 DISASTER MEDICAL PLANNING

---

**MINIMUM STANDARDS:**

In coordination with the local office of emergency services (OES), the local EMS agency shall participate in the development of medical response plans for catastrophic disasters, including those involving toxic substances.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** MEETS MINIMUM STANDARD

Kern County EMS frequently participates in coordination meetings at the EOC to prepare for disasters. Two EMS coordinators are members of Kern County Operational Area Work Group to develop mutual aid plans and procedures for the entire county and we hold the RDMHS contract for region 5. EMS is also represented on the Emergency Council by Environmental Health Division Director.

**COORDINATION WITH OTHER EMS AGENCIES:****NEED(S):****OBJECTIVE:****TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## DISASTER MEDICAL RESPONSE

### 8.02 RESPONSE PLANS

---

#### MINIMUM STANDARDS:

Medical response plans and procedures for catastrophic disasters shall be applicable to incidents caused by a variety of hazards, including toxic substances.

#### RECOMMENDED GUIDELINES:

The California Office of Emergency Services' multi-hazard functional plan should serve as the model for the development of medical response plans for catastrophic disasters.

#### CURRENT STATUS: MEETS MINIMUM STANDARD

The LEMSA Administrator is the MHOAC as well as the Director of the Public Health Department and participates regularly in the development of plans as well as participating in exercises to test the plans.

[http://www.kerncountyfire.org/images/stories/emergency\\_preparedness/Kern\\_Annex\\_B4\\_Med\\_043008.pdf](http://www.kerncountyfire.org/images/stories/emergency_preparedness/Kern_Annex_B4_Med_043008.pdf)

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

## **SYSTEM ASSESSMENT FORMS**

### **DISASTER MEDICAL RESPONSE**

#### **8.03 HAZMAT TRAINING**

---

##### **MINIMUM STANDARDS:**

All EMS providers shall be properly trained and equipped for response to hazardous materials incidents, as determined by their system role and responsibilities.

##### **RECOMMENDED GUIDELINES:**

None.

##### **CURRENT STATUS:** MEETS MINIMUM STANDARD

The ambulance provider contract requires all field-level employees to be trained to the first responder orientation (FRO) level for hazardous materials incidents.

##### **NEED(S):**

##### **OBJECTIVE:**

##### **TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)



# SYSTEM ASSESSMENT FORMS

## DISASTER MEDICAL RESPONSE

### 8.04 INCIDENT COMMAND SYSTEM

---

#### MINIMUM STANDARDS:

Medical response plans and procedures for catastrophic disasters shall use the Incident Command System (ICS) as the basis for field management.

#### RECOMMENDED GUIDELINES:

The local EMS agency should ensure that ICS training is provided for all medical providers.

#### CURRENT STATUS: MEETS MINIMUM STANDARD

ICS is addressed and referenced in policies regarding response to emergencies. Provided in initial training through EMT and Paramedic training programs.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

## **SYSTEM ASSESSMENT FORMS**

### **DISASTER MEDICAL RESPONSE**

#### **8.05 DISTRIBUTION OF CASUALTIES**

---

##### **MINIMUM STANDARDS:**

The local EMS agency, using state guidelines, shall establish written procedures for distributing disaster casualties to the medically most appropriate facilities in its service area.

##### **RECOMMENDED GUIDELINES:**

The local EMS agency, using state guidelines, and in consultation with Regional Poison Centers, should identify hospitals with special facilities and capabilities for receipt and treatment of patients with radiation and chemical contamination and injuries.

##### **CURRENT STATUS:** MEETS MINIMUM STANDARD

EMS distribution is accomplished through use of Reddinet system and use of patient destination protocols.

##### **COORDINATION WITH OTHER EMS AGENCIES:**

Kern houses the Region V RDMHS. Coordination through MHOAC/RDMHC program

##### **NEED(S):**

##### **OBJECTIVE:**

##### **TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

## **SYSTEM ASSESSMENT FORMS**

### **DISASTER MEDICAL RESPONSE**

#### **8.06 NEEDS ASSESSMENT**

---

##### **MINIMUM STANDARDS:**

The local EMS agency, using state guidelines, shall establish written procedures for early assessment of needs and shall establish a means for communicating emergency requests to the state and other jurisdictions.

##### **RECOMMENDED GUIDELINES:**

The local EMS agency's procedures for determining necessary outside assistance should be exercised yearly.

##### **CURRENT STATUS: MEETS MINIMUM STANDARD**

Kern EMS houses the Regional Disaster Medical Health Specialist position as an avenue for requesting mutual aid resources from Region V and beyond. EMS has a seat in Public Health DOC, and Kern OA EOC for coordination and request of resources. EMS participates in the annual statewide Med/Health disaster drills.

##### **NEED(S):**

##### **OBJECTIVE:**

##### **TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

## **SYSTEM ASSESSMENT FORMS**

### **DISASTER MEDICAL RESPONSE**

#### **8.07 DISASTER COMMUNICATIONS**

---

##### **MINIMUM STANDARDS:**

A specific frequency (e.g., CALCORD) or frequencies shall be identified for interagency communication and coordination during a disaster.

##### **RECOMMENDED GUIDELINES:**

None.

##### **CURRENT STATUS: MEETS MINIMUM STANDARD**

Hospitals and EMS have access to MED channels with identified channel and frequency assignment. Use of Reddinet for communications is in place as well. Kern has EMS TAC channels, interoperability channels, and has drafted a Tactical Interoperable Communication Plan for Emergency Council approval.

##### **COORDINATION WITH OTHER EMS AGENCIES:**

Kern houses the Region V RDMHS. Coordination through MHOAC/RDMHC program

##### **NEED(S):**

##### **OBJECTIVE:**

##### **TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## DISASTER MEDICAL RESPONSE

### 8.08 INVENTORY OF RESOURCES

---

#### MINIMUM STANDARDS:

The local EMS agency, in cooperation with the local OES, shall develop an inventory of appropriate disaster medical resources to respond to multi-casualty incidents and disasters likely to occur in its service area.

#### RECOMMENDED GUIDELINES:

The local EMS agency should ensure that emergency medical providers and health care facilities have written agreements with anticipated providers of disaster medical resources.

#### CURRENT STATUS: MEETS MINIMUM STANDARD

The Public Health Emergency Preparedness Program (PREP) is in the same division of the Public Health Department with the EMS Agency. The PREP program maintains a robust set of Plans and Standard Operating Procedures which are authenticated by EMS providers and health care facilities.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)



## **SYSTEM ASSESSMENT FORMS**

### **DISASTER MEDICAL RESPONSE**

#### **8.09 DMAT TEAMS**

---

##### **MINIMUM STANDARDS:**

The local EMS agency shall establish and maintain relationships with DMAT teams in its area.

##### **RECOMMENDED GUIDELINES:**

The local EMS agency should support the development and maintenance of DMAT teams in its area.

##### **CURRENT STATUS:** MEETS MINIMUM STANDARD

Accomplished through Master Mutual Aid Agreement

##### **NEED(S):**

##### **OBJECTIVE:**

##### **TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

## **SYSTEM ASSESSMENT FORMS**

### **DISASTER MEDICAL RESPONSE**

#### **8.10 MUTUAL AID AGREEMENTS**

---

##### **MINIMUM STANDARDS:**

The local EMS agency shall ensure the existence of medical mutual aid agreements with other counties in its OES region and elsewhere, as needed, that ensure sufficient emergency medical response and transport vehicles, and other relevant resources will be made available during significant medical incidents and during periods of extraordinary system demand.

##### **RECOMMENDED GUIDELINES:**

None.

##### **CURRENT STATUS:** MEETS MINIMUM STANDARD

Accomplished through Master Mutual Aid Agreement

##### **COORDINATION WITH OTHER EMS AGENCIES:**

Kern houses the Region V RDMHS. Coordination through MHOAC/RDMHC program

##### **NEED(S):**

##### **OBJECTIVE:**

##### **TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

## **SYSTEM ASSESSMENT FORMS**

### **DISASTER MEDICAL RESPONSE**

#### **8.11 CCP DESIGNATION**

---

##### **MINIMUM STANDARDS:**

The local EMS agency, in coordination with the local OES and county health officer(s), and using state guidelines, shall designate Field Treatment Sites (FTS).

##### **RECOMMENDED GUIDELINES:**

None.

##### **CURRENT STATUS:** MEETS MINIMUM STANDARD

Identification of two Field Treatment Sites in Kern County.

##### **COORDINATION WITH OTHER EMS AGENCIES:**

Kern houses the Region V RDMHS. Coordination through MHOAC/RDMHC program

##### **NEED(S):**

##### **OBJECTIVE:**

##### **TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## DISASTER MEDICAL RESPONSE

### 8.12 ESTABLISHMENT OF CCP

---

#### MINIMUM STANDARDS:

The local EMS agency, in coordination with the local OES, shall develop plans for establishing Casualty Collection Points (CCP) and a means for communicating with them.

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: MEETS MINIMUM STANDARD

Standard met through:

[http://www.kerncountyfire.org/images/stories/emergency\\_preparedness/Kern\\_Annex\\_B4\\_Med\\_043008.pdf](http://www.kerncountyfire.org/images/stories/emergency_preparedness/Kern_Annex_B4_Med_043008.pdf)

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## DISASTER MEDICAL RESPONSE

### 8.13 DISASTER MEDICAL TRAINING

---

#### MINIMUM STANDARDS:

The local EMS agency shall review the disaster medical training of EMS responders in its service area, including the proper management of casualties exposed to and/or contaminated by toxic or radioactive substances.

#### RECOMMENDED GUIDELINES:

The local EMS agency should ensure that EMS responders are appropriately trained in disaster response, including the proper management of casualties exposed to or contaminated by toxic or radioactive substances.

#### CURRENT STATUS: MEETS MINIMUM STANDARD

Initial training provided through EMT and Paramedic training programs. Annual disaster drills. Basic Haz-Mat awareness training provided in initial training curriculum. Kern County EMS is conducting an Isopod drill to test our ability to wrap an ambulance and transport an exposed patient.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)



# SYSTEM ASSESSMENT FORMS

## DISASTER MEDICAL RESPONSE

### 8.14 HOSPITAL PLANS

---

#### MINIMUM STANDARDS:

The local EMS agency shall encourage all hospitals to ensure that their plans for internal and external disasters are fully integrated with the county's medical response plan(s).

#### RECOMMENDED GUIDELINES:

At least one disaster drill per year conducted by each hospital should involve other hospitals, the local EMS agency, and pre-hospital medical care agencies.

#### CURRENT STATUS: MEETS MINIMUM STANDARD

Outlined in specific policy for disaster planning. Participation in Disaster Medical Planning Group. Hospital Surge Policy:  
<http://kernpublichealth.com/wp-content/uploads/2014/09/HospitalSurgeProtocol06102008.pdf>

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

## **SYSTEM ASSESSMENT FORMS**

### **DISASTER MEDICAL RESPONSE**

#### **8.15 INTERHOSPITAL COMMUNICATIONS**

---

**MINIMUM STANDARDS:**

The local EMS agency shall ensure that there is an emergency system for inter-hospital communications, including operational procedures.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** MEETS MINIMUM STANDARD

Hospitals have MED radio channels/ frequencies. Use of Reddinet for communications, and deployment of Amateur Radio Operators if needed.

**NEED(S):**

**OBJECTIVE:**

**TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

## **SYSTEM ASSESSMENT FORMS**

### **DISASTER MEDICAL RESPONSE**

#### **8.16 PREHOSPITAL AGENCY PLANS**

---

##### **MINIMUM STANDARDS:**

The local EMS agency shall ensure that all pre-hospital medical response agencies and acute-care hospitals in its service area, in cooperation with other local disaster medical response agencies, have developed guidelines for the management of significant medical incidents and have trained their staffs in their use.

##### **RECOMMENDED GUIDELINES:**

The local EMS agency should ensure the availability of training in management of significant medical incidents for all pre-hospital medical response agencies and acute-care hospital staffs in its service area.

##### **CURRENT STATUS: MEETS MINIMUM STANDARD**

Emergency plans in place, hospital policies mandate emergency/disaster plans, hospital surge policies, Med-Alert policies and communications, hospital implementation of HICS training and use.

##### **NEED(S):**

##### **OBJECTIVE:**

##### **TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

## **SYSTEM ASSESSMENT FORMS**

### **DISASTER MEDICAL RESPONSE**

#### **8.17 ALS POLICIES**

---

##### **MINIMUM STANDARDS:**

The local EMS agency shall ensure that policies and procedures allow advanced life support personnel and mutual aid responders from other EMS systems to respond and function during significant medical incidents.

##### **RECOMMENDED GUIDELINES:**

None.

##### **CURRENT STATUS:** MEETS MINIMUM STANDARD

Master Mutual Aid Agreement, reciprocity processes in place, if needed.

##### **NEED(S):**

##### **OBJECTIVE:**

##### **TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

## **SYSTEM ASSESSMENT FORMS**

### **DISASTER MEDICAL RESPONSE**

#### **8.18 SPECIALTY CENTER ROLES**

---

##### **MINIMUM STANDARDS:**

Local EMS agencies developing trauma or other specialty care systems shall determine the role of identified specialty centers during a significant medical incidents and the impact of such incidents on day-to-day triage procedures.

##### **RECOMMENDED GUIDELINES:**

None.

##### **CURRENT STATUS:** MEETS MINIMUM STANDARD

Specialty Care Centers are required to have disaster plans in place, plans for surge, HICS, and participation in Med-Alert procedures. Participation in Disaster Medical Planning Group is requirement in written agreement.

##### **NEED(S):**

##### **OBJECTIVE:**

##### **TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)



## **SYSTEM ASSESSMENT FORMS**

### **DISASTER MEDICAL RESPONSE**

#### **8.19 WAIVING EXCLUSIVITY**

---

##### **MINIMUM STANDARDS:**

Local EMS agencies which grant exclusive operating permits shall ensure that a process exists to waive the exclusivity in the event of a significant medical incident.

##### **RECOMMENDED GUIDELINES:**

None.

##### **CURRENT STATUS:** MEETS MINIMUM STANDARD

Ordinance, and Ambulance Service Performance Standards allow the Division to waive exclusivity in the event of mutual aid.

##### **NEED(S):**

##### **OBJECTIVE:**

##### **TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

**TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT**

Reporting Year: 2019

**NOTE:** Number (1) below is to be completed for each county. The balance of Table 2 refers to each agency.

1. Percentage of population served by each level of care by county:  
(Identify for the maximum level of service offered; the total of a, b, and c should equal 100%.)

County: KERN

- |                                         |       |
|-----------------------------------------|-------|
| A. Basic Life Support (BLS)             | 0 %   |
| B. Limited Advanced Life Support (LALS) | 0 %   |
| C. Advanced Life Support (ALS)          | 100 % |

2. Type of agency

- ☒ **a) Public Health Department**  
b) County Health Services Agency  
c) Other (non-health) County Department  
d) Joint Powers Agency  
e) Private Non-Profit Entity  
f) Other: \_\_\_\_\_

3. The person responsible for day-to-day activities of the EMS agency reports to

- a) Public Health Officer  
☒ **b) Health Services Agency Director/Administrator**  
c) Board of Directors  
d) Other: \_\_\_\_\_

4. Indicate the non-required functions which are performed by the agency:

- |                                                                     |         |
|---------------------------------------------------------------------|---------|
| Implementation of exclusive operating areas (ambulance franchising) | X _____ |
| Designation of trauma centers/trauma care system planning           | X _____ |
| Designation/approval of pediatric facilities                        | X _____ |
| Designation of other critical care centers                          | X _____ |
| Development of transfer agreements                                  | _____   |
| Enforcement of local ambulance ordinance                            | X _____ |
| Enforcement of ambulance service contracts                          | X _____ |
| Operation of ambulance service                                      | _____   |
| Continuing education                                                | X _____ |
| Personnel training                                                  | X _____ |
| Operation of oversight of EMS dispatch center                       | X _____ |
| Non-medical disaster planning                                       | X _____ |
| Administration of critical incident stress debriefing team (CISD)   | _____   |

**TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)**

Administration of disaster medical assistance team (DMAT)	_____
Administration of EMS Fund [Senate Bill (SB) 12/612]	X _____
Other: _____	_____
Other: _____	_____
Other: _____	_____

**5. EXPENSES (FY18/19 ACTUAL)**

Salaries and benefits (All but contract personnel)	\$ 685,748
Contract Services (e.g. medical director)	\$ 103,292
Operations (e.g. copying, postage, facilities)	\$ 186,635
Travel	\$ 9,350
Fixed assets	\$ 0
Indirect expenses (overhead)	\$ 123,549
Ambulance subsidy	\$ 0
EMS Fund payments to physicians/hospital	\$ 1,502,368
Dispatch center operations (non-staff)	\$ 0
Training program operations	\$ 0
Other: COMMUNICATIONS	\$ 0
Other: _____	_____
Other: _____	_____

<b>TOTAL EXPENSES</b>	<b>\$2,610,942</b>
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**6. SOURCES OF REVENUE**

Special project grant(s) [from EMSA] (ALJ)	\$5,372
Preventive Health and Health Services (PHHS) Block Grant	0
Office of Traffic Safety (OTS)	0
State general fund	0
County general fund	\$ 138,601
Other local tax funds (e.g., EMS district)	0
County contracts (e.g. multi-county agencies) (PMC)	\$ 0
Certification fees	\$ 44,331
Training program approval fees	0
Training program tuition/ <del>Average daily attendance funds (ADA)</del>	\$ 5,559
Job Training Partnership ACT (JTPA) funds/other payments	0
Base hospital /receiving application fees	\$ 270,464

**TABLE 2:      SYSTEM ORGANIZATION AND MANAGEMENT (cont.)**

Trauma center application fees	\$ 0
Trauma center <del>designation</del> oversight fees	\$159,432
Pediatric facility approval fees	0
Pediatric facility designation fees	0
Other critical care center application fees	\$25,000
Type: _____	
Other critical care center designation fees	0
Type: _____	
Ambulance service/vehicle fees	\$ 178,651
Contributions	0
EMS Fund (SB 12/612)	\$ 342,059
Other grants:   (HPP/PHEP)	\$ 0
(RDMHS)	\$ 105,223
Other fees: Misc Reimbursement	\$ 1,849
Other (specify): Penalties	\$ 30,000
Other (specify): Budget Savings	\$ 0
<b>TOTAL REVENUE</b>	<b>\$ 2,610,942</b>

*TOTAL REVENUE SHOULD EQUAL TOTAL EXPENSES.  
IF THEY DON'T, PLEASE EXPLAIN.*

**TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)**

**7. Fee structure**

\_\_\_\_\_ We do not charge any fees

X Our fee structure is:

First responder certification	\$ _____
EMS dispatcher certification	\$100.00
EMT-I certification (In county/Out of County)	\$100.00/\$100.00
EMT-I recertification (In County/Out of County)	\$100.00/\$100.00
EMT-defibrillation certification	
EMT-defibrillation recertification	_____
AEMT certification	_____
AEMT recertification	_____
EMT-P accreditation (Initial/Expired)	\$100.00
Mobile Intensive Care Nurse/Authorized Registered Nurse certification	\$100.00
MICN/ARN recertification	\$100.00
EMT-I training program approval	_____
AEMT training program approval	_____
EMT-P training program approval	_____
MICN/ARN training program approval	_____
Base hospital application	_____
Base hospital designation (Urban/Rural)	\$0
Trauma center application	\$0
Trauma center designation	\$159,432
Pediatric facility approval	_____
Pediatric facility designation	_____
Other critical care center application	
Type: _____	
Other critical care center designation	
Type: _____	
Ambulance service license (Ground/Air)	\$178,651
Ambulance vehicle permits (Ground/Air)	\$0
Other: EMT Optional Scope Accreditation	\$0
Other: Receiving Hospital Permit	\$0
Other: Training programs	\$92.00/hour
Other: CE Programs	\$92.00/hour
Other: Classroom Rental	\$0

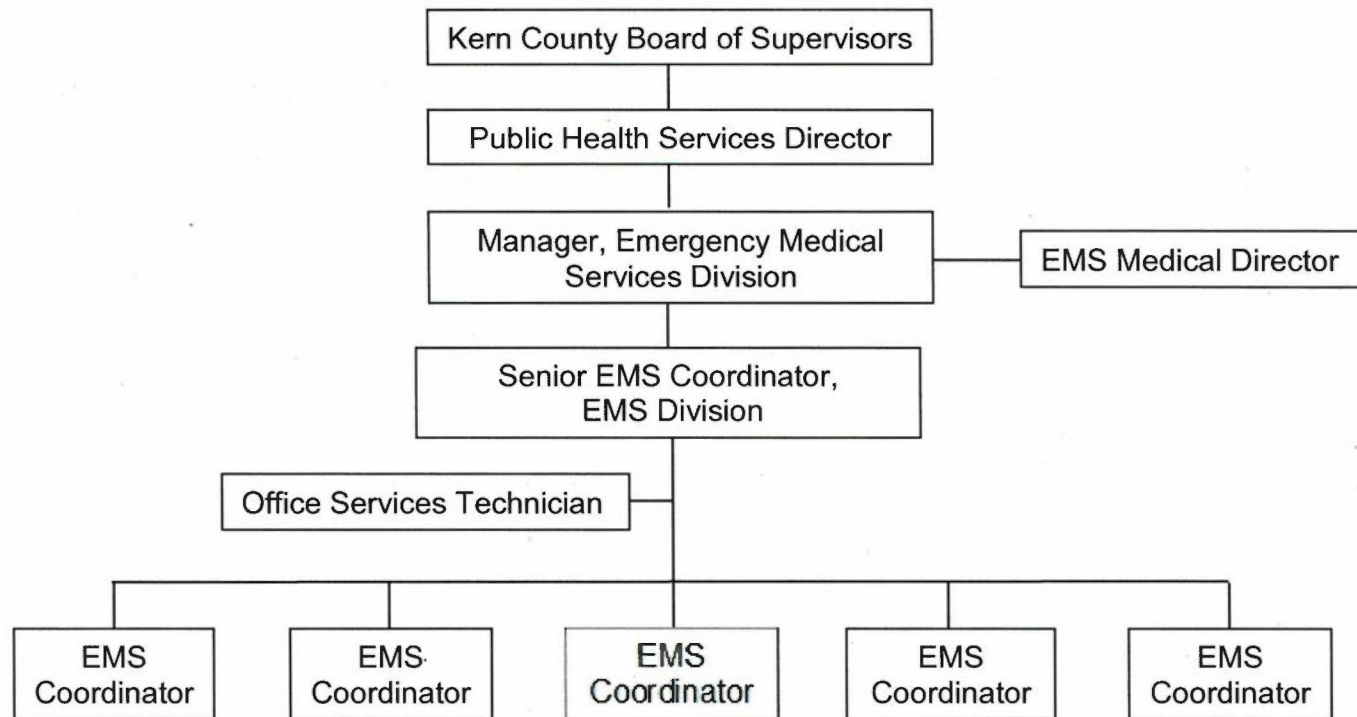


**TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)**

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	EMS Program Manager	1	\$46.05	78.30%	
Asst. Admin./Admin.Asst./Admin. Mgr.	Senior EMS Coordinator	1	\$37.89	83.84%	
ALS Coord./Field Coord./Trng Coordinator	EMS Coordinator	5	\$34.29	82.88%	1 assigned to RDMHS Region V duties
Program Coordinator/Field Liaison (Non-clinical)					
Trauma Coordinator					
Medical Director	Medical Director		\$103,292/year	N/A	Contracted per year
Other MD/Medical Consult/Training Medical Director					
Disaster Medical Planner					
Dispatch Supervisor					
Medical Planner					
Data Evaluator/Analyst					
QA/QI Coordinator					
Public Info. & Education Coordinator					
Executive Secretary					
Other Clerical	Office Services Technician	1	\$17.57	78.30%	
Data Entry Clerk					

Other					
-------	--	--	--	--	--

Include an organizational chart of the local EMS agency and a county organization chart(s) indicating how the LEMSA fits within the county/multi-county structure.



**TABLE 3: STAFFING/TRAINING**

Reporting Year: 2019

**NOTE:** Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	1940	0		153
Number newly certified this year	204	0		34
Number recertified this year	981	0		48
Total number of accredited personnel on July 1 of the reporting year	1940	0	256	153
Number of certification reviews resulting in:				
a) formal investigations	51	0		2
b) probation	8	0	0	0
c) suspensions	0	0	0	0
d) revocations	3	0		0
e) denials	1	0		0
f) denials of renewal	1	0		0
g) no action taken	15	0	0	0

## 1. Early defibrillation:

a) Number of EMT-I (defib) authorized to use AEDs

b) Number of public safety (defib) certified (non-EMT-I)

All \_\_\_\_\_  
 419 \_\_\_\_\_

## 2. Do you have an EMR training program

☐ yes   ☒ no

## TABLE 4: COMMUNICATIONS

**Note:** Table 4 is to be answered for each county.

County: Kern

Reporting Year: 2019

- |                                                                                                                        |                                   |
|------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| 1. Number of primary Public Service Answering Points (PSAP)                                                            | <u>9</u>                          |
| 2. Number of secondary PSAPs                                                                                           | <u>1</u>                          |
| 3. Number of dispatch centers directly dispatching ambulances                                                          | <u>1</u>                          |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines                                                            | <u>2</u>                          |
| 5. Number of designated dispatch centers for EMS Aircraft                                                              | <u>1</u>                          |
| 6. Who is your primary dispatch agency for day-to-day emergencies?<br>Emergency Communication Center                   |                                   |
| 7. Who is your primary dispatch agency for a disaster?<br>Emergency Communication Center                               |                                   |
| 8. Do you have an operational area disaster communication system?                                                      | X Yes <input type="checkbox"/> No |
| a. Radio primary frequency 462.9500/467.9500                                                                           |                                   |
| b. Other methods other Med Channels, Cell, Reddinet                                                                    |                                   |
| c. Can all medical response units communicate on the same disaster communications system?                              | X Yes <input type="checkbox"/> No |
| d. Do you participate in the Operational Area Satellite Information System (OASIS)?                                    | X Yes <input type="checkbox"/> No |
| e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system? | X Yes <input type="checkbox"/> No |
| 1) Within the operational area?                                                                                        | X Yes <input type="checkbox"/> No |
| 2) Between operation area and the region and/or state?                                                                 | X Yes <input type="checkbox"/> No |

## TABLE 5: RESPONSE/TRANSPORTATION

Reporting Year: 2019

**Note:** Table 5 is to be reported by agency.

### Early Defibrillation Providers

1. Number of EMT-Defibrillation providers 8

### SYSTEM STANDARD RESPONSE TIMES (90<sup>TH</sup> PERCENTILE)

Enter the response times in the appropriate boxes:

	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	-	-	-	-
Early defibrillation responder	-	-	-	-
Advanced life support responder (PMC Only)	8 min/15 min	-	-	-
Transport Ambulance	8 min/15 min	25 min/50 min	75 min	-



## TABLE 6: FACILITIES/CRITICAL CARE

Reporting Year: 2019

**NOTE:** Table 6 is to be reported by agency.

### Trauma

Trauma patients:

1. Number of patients meeting trauma triage criteria (Step 1 & 2)	1181
2. Number of major trauma victims transported directly to a trauma center by ambulance (Step 1 & 2)	549
3. Number of major trauma patients transferred to a trauma center	56
4. Number of patients meeting triage criteria who weren't treated at a trauma center (Step 1 & 2)	26

### Emergency Departments

Total number of emergency departments	10
1. Number of referral emergency services	0
2. Number of standby emergency services	1
3. Number of basic emergency services	9
4. Number of comprehensive emergency services	0

### Receiving Hospitals

1. Number of receiving hospitals with written agreements	2
2. Number of base hospitals with written agreements	8

## TABLE 7: DISASTER MEDICAL

Reporting Year: 2019

County: Kern

**NOTE:** Table 7 is to be answered for each county.

### SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
  - a. Where are your CCPs located? High schools throughout Kern County
  - b. How are they staffed? Prehospital personnel, public health nurses, medical reserve corp
  - c. Do you have a supply system for supporting them for 72 hours? X Yes ☐ No
2. CISD  
Do you have a CISD provider with 24 hour capability? X Yes ☐ No
3. Medical Response Team
  - a. Do you have any team medical response capability? X Yes ☐ No
  - b. For each team, are they incorporated into your local response plan? X Yes ☐ No
  - c. Are they available for statewide response? X Yes ☐ No
  - d. Are they part of a formal out-of-state response system? X Yes ☐ No
4. Hazardous Materials
  - a. Do you have any HazMat trained medical response teams? X Yes ☐ No
  - b. At what HazMat level are they trained? Tech & Spec
  - c. Do you have the ability to do decontamination in an emergency room? X Yes ☐ No
  - d. Do you have the ability to do decontamination in the field? X Yes ☐ No

### OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? X Yes ☐ No
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 9
3. Have you tested your MCI Plan this year in a:
  - a. real event? X Yes ☐ No
  - b. exercise? X Yes ☐ No

**TABLE 7: DISASTER MEDICAL (cont.)**

4. List all counties with which you have a written medical mutual aid agreement:  
All counties under the California Master Mutual Aid Agreement
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? ☒ Yes ☐ No
6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? ☒ Yes ☐ No
7. Are you part of a multi-county EMS system for disaster response? ☐ Yes ☒ No  
Kern does manage the RDMHS program for Region V
8. Are you a separate department or agency? ☐ Yes ☒ No
9. If not, to whom do you report? Department of Public Health Services
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? ☐ Yes ☐ No

**TABLE 8: Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: Kern Provider: Bakersfield Fire Department Response Zone: Bakersfield

Address: 2101 H Street Number of Ambulance Vehicles in Fleet: 0  
Bakersfield, CA 93301 One ALS station; all other BLS first responder

Phone Number: 661-326-3941 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

**Transporting Agencies**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Ambulance Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**ALS is Haz-Mat and technical rescue only**

**TABLE 8: Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: Kern Provider: Borax Ambulance Service Response Zone: Borax Mine

Address: 14468 Borax Road Number of Ambulance Vehicles in Fleet: 1  
Boron, CA 93516

Phone Number: 760-762-7616 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> x 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

**Transporting Agencies**

3 Total number of responses  
3 Number of emergency responses  
0 Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Ambulance Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports



**TABLE 8: Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: Kern Provider: California City Fire Department Response Zone: California City

Address: 20890 Hacienda Blvd Number of Ambulance Vehicles in Fleet: 0  
California City, CA 93505

Phone Number: 760-373-4841 Average Number of Ambulances on Duty  
 At 12:00 p.m. (noon) on Any Given Day: N/A

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

**Transporting Agencies**

285 Total number of responses  
254 Number of emergency responses  
31 Number of non-emergency responses

         Total number of transports  
         Number of emergency transports  
         Number of non-emergency transports

**Air Ambulance Services**

         Total number of responses  
         Number of emergency responses  
         Number of non-emergency responses

         Total number of transports  
         Number of emergency transports  
         Number of non-emergency transports

**TABLE 8: Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: Kern Provider: Delano Ambulance Services Response Zone: 3

Address: 403 Main Street Number of Ambulance Vehicles in Fleet: 5  
Delano, CA 93215

Phone Number: 661-725-3374 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: Performance based on response time, not unit inventory

<u><b>Written Contract:</b></u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u><b>Medical Director:</b></u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u><b>System Available 24 Hours:</b></u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u><b>Level of Service:</b></u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT	
<u><b>Ownership:</b></u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u><b>If Public:</b></u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u><b>If Public:</b></u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u><b>If Air:</b></u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u><b>Air Classification:</b></u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

**Transporting Agencies**

3786 Total number of responses  
2811 Number of emergency responses  
961 Number of non-emergency responses

3244 Total number of transports  
177 Number of emergency transports  
3049 Number of non-emergency transports

**Air Ambulance Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**TABLE 8: Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: Kern Provider: US Air Force, Edwards Base Response Zone: Edwards AFB

Address: 30 Hospital Road Number of Ambulance Vehicles in Fleet: 2  
Edwards, CA 93524

Phone Number: 661-277-2330 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> x 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: Military	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input checked="" type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

**Transporting Agencies**

294 Total number of responses  
267 Number of emergency responses  
27 Number of non-emergency responses

147 Total number of transports  
40 Number of emergency transports  
107 Number of non-emergency transports

**Air Ambulance Services**

         Total number of responses  
         Number of emergency responses  
         Number of non-emergency responses

         Total number of transports  
         Number of emergency transports  
         Number of non-emergency transports

**TABLE 8: Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: Kern Provider: Hall Ambulance Service Response Zone: 1,2,4,8,9,11, A

Address: 1001 21<sup>st</sup> Street Number of Ambulance Vehicles in Fleet: 93+ 1 DMSU + 7 Supervisor vehicles  
Bakersfield, CA 93301 + 1 helicopter

Phone Number: 661-332-8741 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: Performance based on response time, not unit inventory

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT	
<b><u>Ownership:</u></b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b><u>If Public:</u></b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

**Transporting Agencies**

106699 Total number of responses  
96496 Number of emergency responses  
10203 Number of non-emergency responses

74656 Total number of transports  
3850 Number of emergency transports  
70806 Number of non-emergency transports

**Air Ambulance Services**

319 Total number of responses  
312 Number of emergency responses  
7 Number of non-emergency responses

277 Total number of transports  
178 Number of emergency transports  
99 Number of non-emergency transports



**TABLE 8: Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: Kern Provider: Kern County Sheriff's Office Response Zone: Countywide

Address: 1350 Norris Road Number of Ambulance Vehicles in Fleet: 1 Hoist Helicopter  
Bakersfield, CA 93308

Phone Number: 661-391-7500 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0.5 (not available everyday)

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Level of Service:</u></b> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Transport  <input checked="" type="checkbox"/> Non-Transport         </div> <div> <input type="checkbox"/> ALS  <input checked="" type="checkbox"/> BLS         </div> <div> <input checked="" type="checkbox"/> 9-1-1  <input type="checkbox"/> 7-Digit  <input type="checkbox"/> CCT  <input type="checkbox"/> IFT         </div> <div> <input type="checkbox"/> Ground  <input checked="" type="checkbox"/> Air  <input type="checkbox"/> Water         </div> </div>	
<b><u>Ownership:</u></b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b> <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b><u>If Public:</u></b> <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input checked="" type="checkbox"/> BLS Rescue

**Transporting Agencies**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Ambulance Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports



**TABLE 8: Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

**County:** Kern **Provider:** Kern County Fire Department **Response Zone:** Countywide; ALS /BLS

**Address:** 5642 Victor Street **Number of Ambulance Vehicles in Fleet:** 2 ALS FR stations, 1 ALS squad, 1 ALS Rescue Helicopter, 2 Hoist Helicopters all other BLS  
Bakersfield, CA 93308

**Phone Number:** 661-391-7000 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<b><u>Ownership:</u></b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b><u>If Public:</u></b> <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input checked="" type="checkbox"/> ALS Rescue <input checked="" type="checkbox"/> BLS Rescue

**Transporting Agencies**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Ambulance Services**

21 \_\_\_\_\_ Total number of responses  
 17 \_\_\_\_\_ Number of emergency responses  
 4 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**TABLE 8: Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

**County:** Kern **Provider:** Liberty Ambulance Services **Response Zone:** 6, 7

**Address:** 1325 W. Ridgecrest Blvd  
Ridgecrest, CA 93555

**Number of Ambulance Vehicles in Fleet:** 12

**Phone Number:** 760-375-6565

**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** Performance based on response time, not unit inventory

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Transport  <input type="checkbox"/> Non-Transport         </div> <div> <input checked="" type="checkbox"/> ALS  <input type="checkbox"/> BLS         </div> <div> <input checked="" type="checkbox"/> 9-1-1  <input checked="" type="checkbox"/> 7-Digit  <input type="checkbox"/> CCT  <input checked="" type="checkbox"/> IFT         </div> <div> <input checked="" type="checkbox"/> Ground  <input type="checkbox"/> Air  <input type="checkbox"/> Water         </div> </div>	
<b><u>Ownership:</u></b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b><u>If Public:</u></b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

**Transporting Agencies**

6449 Total number of responses  
4555 Number of emergency responses  
1894 Number of non-emergency responses

5044 Total number of transports  
230 Number of emergency transports  
4814 Number of non-emergency transports

**Air Ambulance Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**TABLE 8: Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: Kern Provider: Mercy Air Response Zone: County-wide

Address: 1670 Miro Way Number of Ambulance Vehicles in Fleet: 1 helicopter  
Rialto, CA 92376

Phone Number: 909-357-9006 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT	
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

**Transporting Agencies**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Ambulance Services**

223 Total number of responses  
221 Number of emergency responses  
2 Number of non-emergency responses

223 Total number of transports  
219 Number of emergency transports  
4 Number of non-emergency transports

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

<b>Local EMS Agency or County Name:</b> Kern County
<b>Area or subarea (Zone) Name or Title:</b> Operational Area #1
<b>Name of Current Provider(s):</b> <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> Hall Ambulance Service, Inc.
<b>Area or subarea (Zone) Geographic Description:</b> Includes communities of Wasco and Lost Hills and surrounding unincorporated areas
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> <small>Include intent of local EMS agency and Board action.</small> Non Exclusive – <u>Competitive Bid process underway</u>
<b>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85):</b> <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small> N/A
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> <small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small>  <small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small> N/A



**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

<b>Local EMS Agency or County Name:</b> Kern County
<b>Area or subarea (Zone) Name or Title:</b> Operational Area #2
<b>Name of Current Provider(s):</b> <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> Hall Ambulance Service, Inc. since 3/16/1999.
<b>Area or subarea (Zone) Geographic Description:</b> Includes communities of Shafter, Buttonwillow and surrounding unincorporated areas
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> <small>Include intent of local EMS agency and Board action.</small> Exclusive
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small> Emergency Ambulance Services for 9-1-1, 7-digit, All ALS Ambulance Services, IFT, CCT, Non-Emergency, Standby Transportation only within the specified area or sub-area.
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> <small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small>  <small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small>  Hall Ambulance Service, Inc. is the successor to Shafter Ambulance service which provided service to the area since 1/1/81.



**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

<b>Local EMS Agency or County Name:</b> Kern County
<b>Area or subarea (Zone) Name or Title:</b> Operational Area #3
<b>Name of Current Provider(s):</b> <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> Delano Ambulance Service since 1/1/81
<b>Area or subarea (Zone) Geographic Description:</b> Includes communities of Delano, McFarland, Woody and surrounding unincorporated areas.
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> <small>Include intent of local EMS agency and Board action.</small> Exclusive
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small> Emergency Ambulance Services for 9-1-1, 7-digit, All ALS Ambulance Services, IFT, CCT, Non-Emergency, Standby Transportation only within the specified area or sub-area.
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> <small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small>  <small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small>  Delano Ambulance Service is the provider of service to the area since 1/1/81.

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

**Local EMS Agency or County Name:**

Kern County

**Area or subarea (Zone) Name or Title:**

Operational Area #4

**Name of Current Provider(s):**

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

Hall Ambulance Service, Inc.

**Area or subarea (Zone) Geographic Description:**

Includes community of Bakersfield, Glennville and surrounding unincorporated areas.

**Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):**

Include intent of local EMS agency and Board action.

Exclusive

**Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):** Include

type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Emergency Ambulance Services for 9-1-1, 7-digit, All ALS Ambulance Services, IFT, CCT, Non-Emergency, Standby Transportation only within the specified area or sub-area.

**Method to achieve Exclusivity, if applicable (HS 1797.224):**

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Hall Ambulance Service, Inc. is the provider of service to the area since 1/1/81.

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

<b>Local EMS Agency or County Name:</b> Kern County
<b>Area or subarea (Zone) Name or Title:</b> Operational Area #6
<b>Name of Current Provider(s):</b> <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> Liberty Ambulance, since 11/1/2011. Purchased CARE Ambulance.
<b>Area or subarea (Zone) Geographic Description:</b> Includes communities of Kernville, Lake Isabella, Wofford Heights and surrounding unincorporated areas.
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> <small>Include intent of local EMS agency and Board action.</small> Exclusive
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small> Emergency Ambulance Services for 9-1-1, 7-digit, All ALS Ambulance Services, IFT, CCT, Non-Emergency, Standby Transportation only within the specified area or sub-area.
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> <small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small>  <small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small>  Liberty Ambulance is the successor to CARE Ambulance which provided services to the area since 1/1/80.



**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

<b>Local EMS Agency or County Name:</b> Kern County
<b>Area or subarea (Zone) Name or Title:</b> Operational Area #7
<b>Name of Current Provider(s):</b> <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> Liberty Ambulance Service since 12/96. Ownership not changed since 1972.
<b>Area or subarea (Zone) Geographic Description:</b> Includes communities of Ridgecrest, Inyokern and surrounding unincorporated areas.
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> <small>Include intent of local EMS agency and Board action.</small> Non-Exclusive – Competitive Bid process underway
<b>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85):</b> <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small> N/A
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> <small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small>  <small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small>  N/A

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

<b>Local EMS Agency or County Name:</b> Kern County
<b>Area or subarea (Zone) Name or Title:</b> Operational Area #8
<b>Name of Current Provider(s):</b> <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> Hall Ambulance Service, Inc. since 1/1/81.
<b>Area or subarea (Zone) Geographic Description:</b> Includes communities of Lamont, Arvin, Tehachapi, Frazier Park and surrounding unincorporated areas.
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> <small>Include intent of local EMS agency and Board action.</small> Exclusive
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small> Emergency Ambulance Services for 9-1-1, 7-digit, All ALS Ambulance Services, IFT, CCT, Non-Emergency, Standby Transportation only within the specified area or sub-area.
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> <small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small>  <small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small>  Hall Ambulance Service, Inc. provide service to the area since 1/1/81 without interruption.



**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

**Local EMS Agency or County Name:**

Kern County

**Area or subarea (Zone) Name or Title:**

Operational Area #9

**Name of Current Provider(s):**

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

Hall Ambulance Service, Inc. since 3/6/1995. Purchased Taft Ambulance

**Area or subarea (Zone) Geographic Description:**

Includes communities of Taft, Maricopa, McKittrick and surrounding unincorporated areas.

**Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):**

Include intent of local EMS agency and Board action.

Exclusive

**Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):** Include

type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Emergency Ambulance Services for 9-1-1, 7-digit, All ALS Ambulance Services, IFT, CCT, Non-Emergency, Standby Transportation only within the specified area or sub-area.

**Method to achieve Exclusivity, if applicable (HS 1797.224):**

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Hall Ambulance Service, Inc. is the successor of Taft Ambulance Service which provided service to the area since 1/1/81.

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

<b>Local EMS Agency or County Name:</b> Kern County
<b>Area or subarea (Zone) Name or Title:</b> Operational Area #11
<b>Name of Current Provider(s):</b> <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> Hall Ambulance Service, Inc. since 5/19/1994.
<b>Area or subarea (Zone) Geographic Description:</b> Includes communities of California City, Boron, Mojave, Rosamond and surrounding unincorporated areas.
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> <small>Include intent of local EMS agency and Board action.</small> Non-Exclusive – Competitive Bid process underway
<b>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85):</b> <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small> N/A
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> <small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small>  <small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small>  N/A

**TABLE 9: FACILITIES****County:** Kern**Note:** Complete information for each facility by county. Make copies as needed.

**Facility:** Adventist Health Bakersfield  
**Address:** 2615 Eye Street  
Bakersfield, CA 93303

**Telephone Number:** 661-395-3000

<b><u>Written Contract:</u></b>  X Yes <input type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency X Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  X Yes <input type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes X No
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<b>Pediatric Critical Care Center<sup>1</sup></b> <b>EDAP<sup>2</sup></b> <b>PICU<sup>3</sup></b>	<input type="checkbox"/> Yes X No X Yes <input type="checkbox"/> No <input type="checkbox"/> Yes X No	<b><u>Trauma Center:</u></b>  <input type="checkbox"/> Yes X No	<b><u>If Trauma Center what level:</u></b>  <input type="checkbox"/> Level I <input type="checkbox"/> Level III <input type="checkbox"/> Level II <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b>  X Yes <input type="checkbox"/> No	<b><u>Stroke Center:</u></b>  X Yes <input type="checkbox"/> No
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<sup>1</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>2</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>3</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

## TABLE 9: FACILITIES

County: Kern

**Note:** Complete information for each facility by county. Make copies as needed.

Facility: Adventist Health Tehachapi  
 Address: 115 W. "E" Street  
Tehachapi, CA 93581

Telephone Number: 661-822-3241

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>1</sup></b> <b>EDAP<sup>2</sup></b> <b>PICU<sup>3</sup></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<sup>1</sup> Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

<sup>2</sup> Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

<sup>3</sup> Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

## TABLE 9: FACILITIES

County: Kern

Note: Complete information for each facility by county. Make copies as needed.

Facility: Bakersfield Heart Hospital  
 Address: 3001 Sillect Ave  
Bakersfield, CA 93308

Telephone Number: 661-316-6000

<b><u>Written Contract:</u></b> X Yes <input type="checkbox"/> No		<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency X Basic Emergency		<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency		<b><u>Base Hospital:</u></b> X Yes <input type="checkbox"/> No	<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes X No
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<b>Pediatric Critical Care Center<sup>1</sup></b> <b>EDAP<sup>2</sup></b> <b>PICU<sup>3</sup></b>	<input type="checkbox"/> Yes X No <input type="checkbox"/> Yes X No <input type="checkbox"/> Yes X No	<b><u>Trauma Center:</u></b> <input type="checkbox"/> Yes X No	<b><u>If Trauma Center what level:</u></b> <input type="checkbox"/> Level I <input type="checkbox"/> Level III		<input type="checkbox"/> Level II <input type="checkbox"/> Level IV
---------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------	--	------------------------------------------------------------------------

<b><u>STEMI Center:</u></b> X Yes <input type="checkbox"/> No	<b><u>Stroke Center:</u></b> Yes x No
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<sup>1</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>2</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>3</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards



## TABLE 9: FACILITIES

County: Kern

**Note:** Complete information for each facility by county. Make copies as needed.

Facility: Bakersfield Memorial Hospital  
 Address: 420 34<sup>th</sup> Street  
Bakersfield, CA 93303

Telephone Number: 661-327-4647

<b><u>Written Contract:</u></b> X Yes <input type="checkbox"/> No		<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency X Basic Emergency		<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency		<b><u>Base Hospital:</u></b> X Yes <input type="checkbox"/> No		<b><u>Burn Center:</u></b> X Yes <input type="checkbox"/> No	
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<b>Pediatric Critical Care Center<sup>1</sup></b> <b>EDAP<sup>2</sup></b> <b>PICU<sup>3</sup></b>		<input type="checkbox"/> Yes X No X Yes <input type="checkbox"/> No X Yes <input type="checkbox"/> No		<b><u>Trauma Center:</u></b> <input type="checkbox"/> Yes X No		<b><u>If Trauma Center what level:</u></b> <input type="checkbox"/> Level I <input type="checkbox"/> Level III				<input type="checkbox"/> Level II <input type="checkbox"/> Level IV	
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<b><u>STEMI Center:</u></b> X Yes <input type="checkbox"/> No		<b><u>Stroke Center:</u></b> X Yes <input type="checkbox"/> No	
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<sup>1</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>2</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>3</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

## TABLE 9: FACILITIES

County: Kern

**Note:** Complete information for each facility by county. Make copies as needed.

Facility: Delano Regional Medical Center  
 Address: 1401 Garces Hwy  
Delano CA, 93216

Telephone Number: 661-725-4800

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency		<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency		<b><u>Base Hospital:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>1</sup></b> <b>EDAP<sup>2</sup></b> <b>PICU<sup>3</sup></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b> <input type="checkbox"/> Level I <input type="checkbox"/> Level III	<input type="checkbox"/> Level II <input type="checkbox"/> Level IV
---------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------

<b><u>STEMI Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Stroke Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<sup>1</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>2</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>3</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

## TABLE 9: FACILITIES

County: Kern

**Note:** Complete information for each facility by county. Make copies as needed.

Facility: Kern Medical  
 Address: 1830 Flower Street  
Bakersfield, CA 93306

Telephone Number: 661-326-1000

<b><u>Written Contract:</u></b>  X Yes <input type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency X Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  X Yes <input type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes X No
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<b>Pediatric Critical Care Center<sup>1</sup></b> <b>EDAP<sup>2</sup></b> <b>PICU<sup>3</sup></b>	<input type="checkbox"/> Yes X No X Yes <input type="checkbox"/> No <input type="checkbox"/> Yes X No	<b><u>Trauma Center:</u></b>  X Yes <input type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b>  <input type="checkbox"/> Level I <input type="checkbox"/> Level III         X Level II <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b>  <input type="checkbox"/> Yes X No	<b><u>Stroke Center:</u></b>  X Yes <input type="checkbox"/> No
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<sup>1</sup> Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

<sup>2</sup> Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

<sup>3</sup> Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

## TABLE 9: FACILITIES

County: Kern

**Note:** Complete information for each facility by county. Make copies as needed.

Facility: Kern Valley Healthcare District  
 Address: 6412 Laurel Ave  
Lake Isabella, CA 93240

Telephone Number: 760-379-2681

<b><u>Written Contract:</u></b>	<b><u>Service:</u></b>	<b><u>Base Hospital:</u></b>	<b><u>Burn Center:</u></b>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Basic Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input checked="" type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency		

<b>Pediatric Critical Care Center<sup>1</sup></b> <b>EDAP<sup>2</sup></b> <b>PICU<sup>3</sup></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>	<b><u>If Trauma Center what level:</u></b>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level III
			<input type="checkbox"/> Level II <input type="checkbox"/> Level IV

<b><u>STEMI Center:</u></b>	<b><u>Stroke Center:</u></b>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<sup>1</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>2</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>3</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

## TABLE 9: FACILITIES

County: Kern

**Note:** Complete information for each facility by county. Make copies as needed.

Facility: Mercy Hospital  
 Address: 2215 Truxtun Ave  
Bakersfield, CA 93301

Telephone Number: 661-632-5000

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency		<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency		<b><u>Base Hospital:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>1</sup></b> <b>EDAP<sup>2</sup></b> <b>PICU<sup>3</sup></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b> <input type="checkbox"/> Level I <input type="checkbox"/> Level III	<input type="checkbox"/> Level II <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Stroke Center:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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<sup>1</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>2</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>3</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards



## TABLE 9: FACILITIES

**County:** Kern

**Note:** Complete information for each facility by county. Make copies as needed.

**Facility:** Mercy Southwest Hospital **Telephone Number:** 661-663-6000  
**Address:** 400 Old River Road  
Bakersfield, CA 93311

<b><u>Written Contract:</u></b>  X Yes <input type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency X Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  X Yes <input type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes X No
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<b>Pediatric Critical Care Center<sup>1</sup></b> <b>EDAP<sup>2</sup></b> <b>PICU<sup>3</sup></b>	<input type="checkbox"/> Yes X No <input type="checkbox"/> Yes X No <input type="checkbox"/> Yes X No	<b><u>Trauma Center:</u></b>  <input type="checkbox"/> Yes X No	<b><u>If Trauma Center what level:</u></b>  <input type="checkbox"/> Level I <input type="checkbox"/> Level III <input type="checkbox"/> Level II <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b>  <input type="checkbox"/> Yes X No	<b><u>Stroke Center:</u></b>  X Yes <input type="checkbox"/> No
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<sup>1</sup> Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

<sup>2</sup> Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

<sup>3</sup> Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

# TABLE 9: FACILITIES

County: Kern

**Note:** Complete information for each facility by county. Make copies as needed.

Facility: Ridgecrest Regional Hospital  
 Address: 1081 N. China Lake Blvd  
Ridgecrest, CA 93555

Telephone Number: 760-446-3551

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency		<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency		<b><u>Base Hospital:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>1</sup></b> <b>EDAP<sup>2</sup></b> <b>PICU<sup>3</sup></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b> <input type="checkbox"/> Level I <input type="checkbox"/> Level III	<input type="checkbox"/> Level II <input checked="" type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Stroke Center:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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<sup>1</sup> Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

<sup>2</sup> Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

<sup>3</sup> Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*



KERN COUNTY  
Public Health Services  
DEPARTMENT

**MATTHEW CONSTANTINE**  
DIRECTOR

1800 MT. VERNON AVENUE BAKERSFIELD, CALIFORNIA 93306-3302 661-321-3000 WWW.KERNPUBLICHEALTH.COM

CE Provider	Company Name	Phone Number	SCV Signors
15-0001	EMS Kern County	661-868-5218	George Baker, Nick Lidgett, Kim Tollison, Andrew Mattas, Chris Parks, Charles Brockett, Jeff Fariss
Expiration Date:	04/30/2021		
15-1001	Adventist Delano Regional Hospital	661-721-5709	Emily Dunn, Lynette Johnson
Expiration Date:	11/30/2020		
15-1002	Kern Medical	661-326-5451	Michelle Peterson
Expiration Date:	08/31/2021		
15-1003	Memorial Hospital	661-327-4647	Jenny Wilson
Expiration Date:	04/30/2021		
15-1004	Mercy Hospital	661-632-5339	Patricia Sedgwick, Diane Biswanger
Expiration Date:	03/31/2021		
15-1005	Adventist Health Bakersfield	661-869-6874	Angie Shaffner, Kristopher Lyon, M.D.
Expiration Date:	01/31/2020		
15-1006	Ridgecrest Regional Hospital	760-499-3808	Bridget Mosier, Dawn Schulz, Cindi Weinkopf, Lorie Ochoa, Todd Rowland
Expiration Date:	02/28/2021		
15-1007	China Lake Naval Weapons Center FD	760-939-4830	Scott Edwards, John Van Guilder, Edwin Ortiz, Nathan Soria, Michael Hill, Jeffrey Ratcliff
Expiration Date:	05/30/2020		
15-1009	Edwards Air force Base/ 412th Medical Group	661-277-3132	Timothy Reynolds, Devin Fields-Groves, Tad Stines, Richard Mathuren, Danny Nila, Daniel Wolf, Layton Guggemos, James Levell, Phillip Remley, Bradley Reddall, Jónathon Hahn, Matthew Dennison.
Expiration Date:	12/31/2021		
15-1010	Bakersfield Heart Hospital	661-316-6036	Karen Huntington, Christina Maupin, Katrina Price
Expiration Date:	01/31/2020		
15-2002	Delano Ambulance	661-725-3499	Ed Bronowicki
Expiration Date:	10/31/2019		
15-2004	Hall Ambulance Services, Inc.	661-322-8741	Sam Swanson, Darrin Stacey, Celia Ames, Heather Lee, Myron Smith, Darrell Stapley, Jennifer Att, Nathan Kennedy, Ryan Strange, Chris Leone, Ron Ostomy
Expiration Date:	01/31/2022		
15-2006	Liberty Ambulance Service	760-375-6531 760-417-1974	Steven Davis, Michael Metcalf, Bryan Gilbert, Roger Brown, Rigo Gutierrez, Nick Musial, L. Jeff Brandon
Expiration Date:	04/30/2021		





**KERN COUNTY**  
**Public Health Services**  
DEPARTMENT

**MATTHEW CONSTANTINE**  
DIRECTOR

1800 MT. VERNON AVENUE		BAKERSFIELD, CALIFORNIA, 93306-3302		661-321-3000	WWW.KERNPUBLICHEALTH.COM
15-4001	Cerro Coso Community College	760-384-6246	Michael Metcalf, Darren Amos, Jennifer Quackenbush, Katrina Davis, Brianne Chappell-McGovern		
Expiration Date:	04/30/2020				
15-4002	Bakersfield College	661-395-4284	Christine Harker, Charles Brown, Myron Smith, Brent Burton, Nathan Kline, Jana Richardson		
Expiration Date:	11/30/2020				
15-4003	Taft College	661-243-5014	Jeff Fariss, Nick Lidgett		
Expiration Date:	03/31/2020				
15-6003	BC/Olive Dr. Training Facility	661-391-7110	Marcus Rodriguez, Nicholas Herndon, Zachary Wells, Steve Pendergrass, Dave Nelson, Jacob Brown, David Whitman, Jeff Mullich, Aaron Orndorf, Robert Morgan, Roman Pinales		
Expiration Date:	02/29/2020				
15-6006	Cal City Fire Dept.	760-373-4841	Brandon Vaccaro, Andrew Roach		
Expiration Date:	04/30/2021				
15-6008	Kern County Sheriff	661-391-7500	Nick Evans, Brent Burton, Alfredo Campos, Brad Brandon		
Expiration Date:	01/31/2021				
15-7002	Kern CPR	661-858-4869 661-448-3001	Terrin Magness, Nick Lidgett, James Tollison <i>*Number Changed to eliminate confusion with Jeff Crisler group</i>		
Expiration Date:	05/31/2018				
15-6023	Michael Metcalf	1-760-382-3916	Michael Metcalf		
Expiration Date:	04/30/2021				
15-6025	Vilate Bolanos	661-205-0927	Vilate Bolanos, Julie Atkin, Mindy Hixon		
Expiration Date:	09/30/2020				
15-7001	Pro Safety Rescue Inc.	661-706-0874	Andrew Thomas, David J. Bentley		
Expiration Date:	01/31/2022				
15-7003	Jeff Crisler	661-448-3001 661-835-8885	Jeffery A. Crisler		
Expiration Date:	01/31/2021				
15-7004	AHTV	661-771-8814	Alida Lorenz, Joshua Pierce		
Expiration Date:	07/31/2021				
15-7005	Obsidian Training Solutions	661-360-6871 818-429-6520	Robert Wayne Morgan		
Expiration Date:	08/31/2021				
15-7006	EAFB 812 <sup>th</sup>	909-841-3528	Bradley Reddall, Danny Nila, Layton Guggemos, Daniel Wolf, Phillip Remley, Breen Lowman, John Cox, Jeffery Malone, James Levell, Eric Samples, Mr. Di Lullo		
Expiration Date:	01/31/2022				

**TABLE 10: APPROVED TRAINING PROGRAMS****County:** Kern**Reporting Year:** 2019**NOTE:** Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:	<u>Bakersfield College</u>	Telephone Number:	<u>661-395-4284</u>
Address:	<u>1801 Panorama Drive</u>		
	<u>Bakersfield, CA 93305</u>		
Student Eligibility*:	<u>General Public</u>	**Program Level	<u>Paramedic</u>
	Cost of Program:		
	Basic: <u>\$5,000</u>	Number of students completing training per year:	
	Refresher:	Initial training:	<u>40</u>
		Refresher:	<u>-</u>
		Continuing Education:	<u>-</u>
		Expiration Date:	<u>11/30/2019</u>
		Number of courses:	
		Initial training:	<u>2</u>
		Refresher:	<u>-</u>
		Continuing Education:	<u>-</u>

\*Open to general public or restricted to certain personnel only.

\*\* Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

Training Institution:	<u>Bakersfield College</u>	Telephone Number:	<u>661-395-4284</u>
Address:	<u>1801 Panorama Drive</u>		
	<u>Bakersfield, CA 93305</u>		
Student Eligibility*:	<u>General Public</u>	**Program Level	<u>EMT</u>
	Cost of Program:		
	Basic: <u>360</u>	Number of students completing training per year:	
	Refresher: <u>46</u>	Initial training:	<u>60</u>
		Refresher:	<u>-</u>
		Continuing Education:	<u>-</u>
		Expiration Date:	<u>11/30/2019</u>
		Number of courses:	
		Initial training:	<u>2</u>
		Refresher:	<u>2</u>



Continuing Education:

-

\*Open to general public or restricted to certain personnel only.

\*\* Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

# TABLE 10: APPROVED TRAINING PROGRAMS

County: Kern

Reporting Year: 2019

**NOTE:** Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution: <u>Cerro Coso Community College</u>		Telephone Number: <u>760-375-5001</u>	
Address: <u>3000 College Heights Blvd</u>			
<u>Ridgecrest, CA 93555</u>			
Student Eligibility*: <u>General Public</u>	**Program Level <u>EMT</u>		
Cost of Program:	Number of students completing training per year:		
Basic: <u>299</u>	Initial training:	<u>50</u>	
Refresher: <u>46</u>			
	Refresher:	<u>-</u>	
	Continuing Education:	<u>-</u>	
	Expiration Date:	<u>4/30/2020</u>	
	Number of courses:		
	Initial training:	<u>2</u>	
	Refresher:	<u>2</u>	
	Continuing Education:	<u>-</u>	

\*Open to general public or restricted to certain personnel only.

\*\* Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

**TABLE 10: APPROVED TRAINING PROGRAMS****County:** Kern**Reporting Year:** 2019**NOTE:** Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution: <u>Kern County Sheriff's Office</u>		Telephone Number: <u>661-391-7414</u>	
Address: <u>962 Norris Road</u>			
<u>Bakersfield, CA 93308</u>			
Student Eligibility*:	<u>Restricted</u>	**Program Level	<u>EMT</u>
	Cost of Program:		
	Basic: <u>0</u>	Number of students completing training per year:	
	Refresher: <u>0</u>	Initial training:	<u>20</u>
		Refresher:	<u>20</u>
		Continuing Education:	<u>-</u>
		Expiration Date:	<u>1/31/2020</u>
		Number of courses:	
		Initial training:	<u>1</u>
		Refresher:	<u>1</u>
		Continuing Education:	<u>-</u>

\*Open to general public or restricted to certain personnel only.

\*\* Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

Training Institution: <u>Kern County EMS Division</u>		Telephone Number: <u>661-321-3000</u>	
Address: <u>1800 Mt. Vernon Ave</u>			
<u>Bakersfield, CA 93306</u>			
Student Eligibility*:	<u>Restricted</u>	**Program Level	<u>MICN</u>
	Cost of Program:		
	Basic: <u>100</u>	Number of students completing training per year:	
	Refresher: <u>100</u>	Initial training:	<u>68</u>
		Refresher:	<u>46</u>
		Continuing Education:	<u>-</u>
		Expiration Date:	<u>11/30/2020</u>
		Number of courses:	
		Initial training:	<u>4</u>
		Refresher:	<u>4</u>

Continuing Education:

\*Open to general public or restricted to certain personnel only.

\*\* Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

**TABLE 10: APPROVED TRAINING PROGRAMS****County:** Kern**Reporting Year:** 2019**NOTE:** Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:	<u>Taft College</u>		Telephone Number:	<u>661-243-5014</u>
Address:	<u>29 Emmons Park Drive</u>			
	<u>Taft, CA 93268</u>			
Student Eligibility*:	<u>General Public</u>	**Program Level	<u>EMT</u>	
	Cost of Program:			
	Basic:	<u>253</u>	Number of students completing training per year:	
	Refresher:	<u>69</u>	Initial training:	<u>60</u>
		Refresher:		<u>-</u>
		Continuing Education:		<u>-</u>
		Expiration Date:		<u>11/30/2019</u>
		Number of courses:		
		Initial training:		<u>2</u>
		Refresher:		<u>2</u>
		Continuing Education:		<u>-</u>

\*Open to general public or restricted to certain personnel only.

\*\* Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.



**TABLE 11: DISPATCH AGENCY**County: KernReporting Year: 2019**NOTE:** Make copies to add pages as needed. Complete information for each provider by county.

Name:	<u>Emergency Communication Center</u>		Primary Contact:	<u>Brandon Smith</u>
Address:	<u>2601 Panorama Drive</u>			
	<u>Bakersfield, CA 93305</u>			
Telephone Number:	<u>661-861-2521</u>			
Written Contract:	Medical Director:	X Day-to-Day	Number of Personnel Providing Services:	
<input type="checkbox"/> Yes X No	<input type="checkbox"/> Yes X No	X Disaster	33 EMD Training _____ EMT-D _____ ALS	
			_____ BLS _____ LALS _____ Other	
Ownership:		If Public:		
X Public <input type="checkbox"/> Private		X Fire	If Public: X City X County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	
		<input type="checkbox"/> Law	Joint City/County Fire communications	
		<input type="checkbox"/> Other		
		Explain: _____		

Name:	<u>Hall Ambulance Service, Inc</u>		Primary Contact:	<u>John Surface</u>
Address:	<u>1001 21<sup>st</sup> Street</u>			
	<u>Bakersfield, CA 93301</u>			
Telephone Number:	<u>661-322-8741</u>			
Written Contract:	Medical Director:	X Day-to-Day	Number of Personnel Providing Services:	
X Yes <input type="checkbox"/> No	X Yes <input type="checkbox"/> No	X Disaster	26 EMD Training _____ EMT-D _____ ALS	
			_____ BLS _____ LALS _____ Other	
Ownership:		If Public:		
<input type="checkbox"/> Public X Private		<input type="checkbox"/> Fire	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	
		<input type="checkbox"/> Law		
		<input type="checkbox"/> Other		
		Explain: _____		